

**CURRENT ISSUES IN DRUGS EDUCATION  
PRESENTATION TO BARNARDOS STAFF AUGUST 2002**

**HANDOUT 2**

**EMMA KATE KENNEDY**

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## **Brief Summaries: High Scope, DANNSi and It's Pride 2**

### **High Scope**

There is evidence of a number of fairly spectacular successes resulting from early interventions. The **High/Scope** educational project is one of the most widely cited. The longitudinal outcomes indicated that compared to controls, children in the experimental group had better achievement scores and higher school involvement. Furthermore, the project resulted in improvement in antisocial behaviour as indicated by fewer charges and for less serious crimes. The estimate was that the programme had reduced the cost of delinquency, crime and substance misuse by about \$2,400 per child (Barnett & Escobar, 1990).

### **DANNSI**

The **DANNSI** (Drugs in Action in Newcastle Nursery Schools Initiative) project is based on the premise that early intervention is essential for children growing up in an environment where substance abuse and dependency is part of their everyday lives. It aims to develop children's abilities to make informed choices, build self-esteem and self-confidence through personal, social and health activities. DANNSI is a cartoon character featured in a set of learning materials for teachers, students and parents. These materials include storybooks and a hand puppet. The materials focus on children's knowledge, feelings, attitude and decision-making skills and *do not inform them specifically about drugs*. The DANNSI project has been evaluated and the materials are being updated in light of the feedback received.

### **It's PRIDE 2**

**It's PRIDE 2** (PRIDE - parental role in drug and safety education) was a pilot project aimed at key stage 2 and run in 6 Manchester schools during 1998. The project built on an earlier successful PRIDE programme with key stage students. Its underlying assumption was that drug and safety education should involve both parents and teachers. Pupils took home exercises on pocketbook computers aimed at helping them and their parents to learn about drugs and safety. They returned them to school completed and downloaded them on to the classroom computer. The project aimed to fulfil the criteria outlined in the DfEE/SCAA document "Drug Education: Curriculum Guidelines for schools". Each exercise covered an element of the criteria, such as the drugs and the law exercise for the criteria relating to school rules, and the researching adverts exercise for the criteria relating to responses to media presentations of alcohol, tobacco and other legal drugs, it was seen to be successful in this and also very successful in ensuring participation by parent or other family members at home.

## **Houston Parent Child Development Programme**

### **Program Overview**

This intervention includes a set of similar programs designed to foster relationships between parents and children. It targets low-income families and provides multidimensional treatment to help mothers become more effective in child-rearing. The programs have been successful in combating some of the educational and occupational problems associated with poverty and have demonstrated beneficial effects for both care-givers and their children.

### **Program Targets**

The Parent Child Development Programs target low-income families in which mothers are primary care-givers and children are aged 2 months to 3 years. Past participants have included White, African American, and Mexican American families.

### **Program Content**

The programs offer a broad range of support services for both mothers and children. Mothers are educated in socioemotional, intellectual, and physical aspects of infant and child development through practical experiences and group discussions with staff and other mothers; care-givers' personal development is enhanced through training in home management and exposure to community resources and continuing education classes; and the needs of the entire family are addressed by providing transportation to services, some meals, health and social services, programs for siblings, and small stipends for participants. In addition, the intervention provides activities for children and structured play sessions for mothers and children that are videotaped and analyzed to improve families' communication and interaction skills.

### **Program Outcomes**

Three programs evaluated in Birmingham, Houston, and New Orleans showed benefits for mothers and children. A short-term evaluation conducted when children were 36 months demonstrated:

1. Increases in IQ and cognitive ability (at 24 months) for program children, and
2. More positive interactions between program mothers and children.

Participants in the Birmingham program, compared to a control group, demonstrated:

1. Increases in children's school achievements at grades 2 and 3; and
2. Improvements in mothers' positive control techniques, including discipline with discussion and less use of physical punishment.

Participants in the Houston program, compared to a control group, showed:

1. Improvements in mothers' use of affection, praise, criticism, and restrictive control (at the program's end);
2. Less destructive, overactive, and negative attention-seeking behavior for children at age 4-7; and
3. Lower teacher ratings of impulsive, obstinate, disruptive, hostile, and fighting behaviors for children aged 8-11.

Mothers participating in the New Orleans program, compared to a control group, had:

1. More positive language, effective teaching skills, and increased sensitivity in their interactions with children at the program's end; and
2. Less use of restrictive, critical and scolding language for children at age 4.

### **References**

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Johnson, Dale L., & Walker, Todd (1987). Primary prevention of behavior problems in Mexican-American children. *American Journal of Community Psychology*, *15*, 375-385.

Johnson, Dale L., & Breckenridge, James N. (1982). The Houston Parent-Child Development Center and the primary prevention of behavior problems in young children. *American Journal of Community Psychology*, *10*. 305-316.

### **Additional Informational on the PCDC**

The *Houston Parent-Child Development Center* was developed to assist low-income, Mexican-American families in helping their children to do well in school and to foster intellectual and social competence. The program was designed to provide a wide range of educational and support services, to deliver these services in ways that were responsive to the families' poverty, and to be sensitive to their culture. Evaluation of the program has demonstrated success in reducing the incidence of behavior problems and enhancing school performances five to eight years after completion of the program. Elements of the two-year program include:

#### **Year One**

- *In-Home Visits:* 25 one and half hours visits by paraprofessional educators teaching infant development topics.
- *Family Workshops on Sundays or Weekends:* Small groups of differing configurations received training on communication, decision making, and on issues suggested by participants.
- *English as a Second Language:* Classes for mothers and referrals for fathers.
- *Community Services:* transportation to workshops, education on attaining resources, and information on family planning, child health and public health centers is provided by a visiting nurse.

#### **Year Two**

- *Center-Based Activities:* 4 hours, 4 mornings a week for mothers and their two-year old children, with transportation and lunch provided.
- *Child Care Management:* Continuation of year-one topics in group discussion formats with greater emphasis on authoritative parenting and problem behavior management, and attaining feedback from participating parents who practiced newly learned skills.
- *Home Management:* Mothers learned skills in budgeting, meal planning, and on participant requested topics such as driver education and human sexuality.
- *Nursery School:* Two year-olds were encouraged to explore and to develop new peer relationships. Teachers stimulated cognitive development by posing questions and problem-solving situations.
- *Parent Advisory Committee (PAC):* monthly evening meetings for fathers resulted in successfully strong, active paternal roles.

The Houston Parent-Child Development Center effectively reduced the frequency of behavior problems for these children five to eight years after the program's completion.

- Teacher ratings showed significantly fewer acting-out, aggressive behaviors for program children.
- Ratings of classroom behaviors found program children to be significantly less hostile and more considerate than control children.
- Program boys were less dependent than control boys.
- Program children had higher Iowa Tests of Basic Skills test scores in Reading, Language, and Vocabulary than the control children.

## **Preparing for the Drug-Free Years (PDFY)**

### **Program Overview**

**Preparing for the Drug-Free Years (PDFY)** is a family competency training program that promotes healthy, protective parent-child interactions and reduces children's risk for early substance use initiation. It is based on the social development model, which theorizes that enhancing protective factors such as effective parenting practices will decrease the likelihood that children will engage in problem behaviors. While most sessions are focused on improving parenting skills and parents' self efficacy, the program also provides students with peer pressure refusal skills and has demonstrated reductions in children's alcohol initiation.

### **Program Targets**

The program has been successfully implemented with families of middle school children who resided in rural, economically stressed neighborhoods in the Midwest.

### **Program Content**

PDFY is a weekly, five-session multimedia program that strengthens parents' child-rearing techniques, parent-child bonding, and children's peer resistance skills. Children are required to attend one session, which focuses on peer pressure. The other four sessions involve only parents, and include instruction in the following areas:

1. Identifying risk factors for adolescent substance use and creating strategies to enhance the family's protective processes.
2. Developing effective parenting skills, particularly those regarding substance use issues. Such techniques include creating clear guidelines regarding substance use, monitoring compliance with these guidelines, and providing effective and appropriate consequences when necessary.
3. Managing anger and family conflict.
4. Providing opportunities for positive child involvement in family activities.

### **Program Outcomes**

Evaluations of PDFY have demonstrated positive effects for intervention parents and children. Compared to members of a control group, PDFY parents have shown:

1. Improvement in general child management skills, for mothers and fathers
2. Increases in parent-child affective quality
3. Higher ratings of mothers' self-efficacy.

Compared to members of a control group, PDFY children have demonstrated:

1. Significantly less alcohol initiation
2. Positive trends in reducing tobacco and marijuana use

## **Project Northland**

### **Programme Overview**

**Project Northland** is a community-wide intervention designed to reduce adolescent alcohol use. The program spans three years and is multi-level, involving individual students, parents, peers, and community members, businesses, and organizations.

### **Program Targets**

Project Northland is a universal intervention designed for sixth, seventh, and eighth grade students. It has been successfully implemented in rural, lower-middle class to middle class communities.

### **Program Content**

The success of this program lies in its comprehensive and long-term design. Each of the three years has a specific theme and incorporates individual, parent, peer, and community training.

In sixth grade, student and parent communication is targeted by requiring parents and children to complete homework assignments together that describe adolescent alcohol use. This is through an adaptation of the “**Slick Tracy Home Team Program**”, which uses a comic book style to stimulate discussion between parent and child. Each of the booklets in the programme includes a comic narrative, two activities that parents and children complete together, a third activity to encourage the 6<sup>th</sup> grade children to reflect on the theme of the week, and finally a component for direct parent education. The basic idea is to provide an education format for parents and their children to begin communicating about substances in general and alcohol in particular. Perhaps the most interesting outcome of the Slick Tracy Home Team programme in general is the vast majority of the parents participate (over 90%) resulting in a high level of implementation independent of socio-economic background. Group discussion regarding this topic are held in school, and a community-wide task force is also created to address young adult alcohol use.

In seventh grade, a peer- and teacher-led classroom curriculum focuses on resistance skills and normative expectations regarding teen alcohol use and is implemented using discussions, games, problem-solving, and role plays. A peer participant program also creates alternative alcohol-free activities, and parent involvement continues. The community task force discusses alcohol-related ordinances, and businesses provide discounts for those adolescents who pledge to be alcohol and drug free.

In eighth grade, students are encouraged to become active citizens. They interview influential community members about their beliefs and activities concerning adolescent drinking and conduct town meetings to make recommendations for the community’s help in preventing alcohol use.

**Program Outcomes**

An evaluation conducted at the end of the third year of intervention found significant benefits for intervention students, compared to control students, including the following:

1. Lower scores on the tendency to use alcohol
2. Less use of alcohol in both the past week and the past month
3. Lower frequency of the combination of alcohol and cigarette use
4. Lower scores on the peer influence scale
5. Increased communication with parents about the consequences of drinking

In addition, those students who were nonusers of alcohol at the beginning of the intervention demonstrated:

1. Decreased tendencies to use alcohol
2. Less alcohol use in the past week and past month
3. Less cigarette and marijuana use

## **I Can Problem Solve (ICPS)**

### **Program Overview**

The **I Can Problem Solve (ICPS)** is a school-based intervention that trains children in generating a variety of solutions to interpersonal problems, considering the consequences of these solutions, and recognizing thoughts, feelings, and motives that generate problem situations. By teaching children *to* think, rather than what to think, the program changes thinking styles and, as a result, enhances children's social adjustment, promotes pro-social behavior, and decreases impulsivity and inhibition.

### **Program Targets**

Although the program is appropriate for all children, it is especially-effective for young (age 4-5), poor, and urban students who may be at highest risk for behavioral dysfunctions and interpersonal maladjustment.

### **Program Content**

The program was originally designed for use in nursery school and kindergarten, but it has also been successfully implemented with children in grades 5 and 6. Throughout the intervention, instructors utilize pictures, role-playing, puppets, and group interaction to help develop students' thinking skills, and children's own lives and problems are used as examples when teachers demonstrate problem-solving techniques.

Small groups of 6-10 children receive training for approximately 3 months. The intervention begins with 10-12 lessons teaching students basic skills and problem-solving language. For example, children learn word concepts such as "not" (e.g., acting or not acting); "some/all" (solutions may succeed with one person but not all); "or" (discovering alternative solutions); "if...then" (learning consequences of actions); and "same/different" (thinking of multiple solutions).

The next 20 lessons focus on identifying one's own feelings and becoming sensitive to others' emotions. Students learn to recognize people's feelings in problem situations and realize that they can influence others' responses.

The last 15 lessons utilize role-playing games and dialogue to promote problem-solving skills. Students generate solutions to hypothetical problem situations and consider the possible consequences to their decisions.

### **Program Outcomes**

An evaluation of ICPS that included nursery and kindergarten students revealed significant benefits for intervention students. Immediately following and one year after the program ended, ICPS children, compared to control students, demonstrated:

1. Less impulsive and inhibited classroom behavior
2. Better problem-solving skills

A five-year study including inner-city, low income children in nursery school and kindergarten demonstrated that intervention children, compared to control students had improved classroom behavior and problem-solving skills, even 3-4 years after the program. A replication with fifth and sixth grade students found that ICPS children, compared to a control group, demonstrated:

1. More positive, prosocial behaviors
2. Healthier relationships with peers
3. Better problem-solving skills

### **References**

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Shure, Myrna B., and George Spivack (1982). interpersonal Problem-Solving in Young Children: A Cognitive Approach to Prevention. *American Journal of Community Psychology* 10(3), 341-355.

## **Mastery Learning (ML) and Good Behavior Game (GBG)**

### **Program Overview**

The Mastery Learning (ML) and Good Behavior Game (GBG) interventions seek to improve children's psychological well-being and social task performance. The former focuses on strengthening reading achievement to reduce the risk of depression later in life, while the latter aims to decrease early aggressive and shy behaviors to prevent later criminality. Both are implemented when children are in early elementary grades in order to provide students with the skills they need to respond to later, possibly negative, life experiences and societal influences.

### **Program Targets**

The programs are universal and can be applied to general populations of early elementary school children, although the most significant results have been found for children demonstrating early high-risk behavior.

### **Program Content**

The Good Behavior Game is primarily a behavior modification program that involves students and teachers. It improves teachers' ability to define tasks, set rules, and discipline students, and allows students to work in teams in which each individual is responsible to the rest of the group. Before the game begins, teachers clearly specify those disruptive behaviors (e.g., verbal and physical disruptions, noncompliance, etc.) which, if displayed, will result in a team's receiving a checkmark on the board. By the end of the game, teams that have not exceeded the maximum number of marks are rewarded, while teams that exceed this standard receive no rewards. Eventually, the teacher begins the game with no warning and at different periods during the day so that students are always monitoring their behavior and conforming to expectations.

The Mastery Learning intervention improves reading skills in order to combat learning problems and subsequent risk for depression. Like the Good Behavior Game, it utilizes a group-based approach in which students are assigned reading units but cannot advance until a majority of the class has mastered the previous set of learning objectives.

### **Program Outcomes**

Evaluations of both programs have demonstrated beneficial effects for children at the end of first grade, while an evaluation of the Good Behavior Game has shown positive outcomes at grade 6 for males displaying early aggressive behavior.

At the end of first grade, GBG students, compared to a control group, had:

1. less aggressive and shy behaviors according to teachers, and
2. better peer nominations of aggressive behavior.

At the end of first grade, ML students, compared to a control group, showed:

1. increases in reading achievement.

At the end of sixth grade, GBG students, compared to a control group, demonstrated:

2. decreases in levels of aggression for males who were rated highest for aggression in first grade.

### **References**

Kellam, Sheppard G., George W. Rebok, Nicholas Lalongo, and Lawrence S. Mayer. 1994. "The Course and Malleability of Aggressive behavior from Early first Grade into Middle School: Results of a Developmental Epidemiologically-Based Preventive Trial." *Journal of child Psychology and Psychiatry* 35(2): 259-282.

## **School Transitional Environmental Program (STEP)**

### **Program Overview**

**The School Transitional Environmental Program (STEP)** is based on the Transitional Life Events model which theorizes that stressful life events such as making transitions between schools, places children at risk for maladaptive behavior. Earlier research has shown that, for many students, changing schools leads to poor academic achievement, classroom behavior problems, heightened anxiety, and increases in school absenteeism, all of which may lead to dropping out of school and other behavioral and social problems. By reducing school disorganization and restructuring the role of the homeroom teacher, STEP aims to reduce the complexity of school environments, increase peer and teacher support, and decrease students' vulnerability to academic and emotional difficulties.

### **Program Targets**

STEP best benefits those students at greatest risk for behavioral problems who attend large, urban junior or senior high schools with multiple feeders and which serve predominantly non-white, lower-income students.

### **Program Content**

STEP's success is achieved through redefining the role of homeroom teachers and restructuring schools' physical settings. Together, these changes increase students' beliefs that school is stable, well-organized, and cohesive.

Students are assigned to homerooms in which all classmates are STEP participants. Teachers in these classrooms act as administrators and guidance counselors, helping students choose classes, counseling them regarding school and personal problems, explaining the Project to parents, and notifying parents of student absences. This increased attention reduces student anonymity, increases student accountability, and enhances students' abilities to learn school rules and exceptions. All Project students are enrolled in the same core classes, which are located close together in the school, to help participants develop stable peer groups and enhance their familiarity with school.

### **Program Outcomes**

Evaluations performed at the end of ninth grade demonstrate that STEP students, compared to control students, display:

3. Decreases in absenteeism and increases in GPA
4. Stability of self-concept (compared to decreases for control students); and
5. More positive feelings of the school environment, perceiving the school as more stable, understandable, well-organized, - involving, and supportive.

Long-term follow-up indicated that STEP students, compared to controls, had:

1. Lower dropout rates (21% versus 43%), and
2. Higher grades and fewer absences in 9th and 10th grades.

Replication carried out in two lower to lower-middle class high schools and three junior high schools showed that STEP students, compared to control students, had:

1. Fewer increases in substance abuse, delinquent acts and depression;
2. Fewer decreases in academic performance and self-concept; and
3. Lower dropout rates.

A replication including students from lower risk backgrounds demonstrated similar results. One year after the program, STEP students, compared to controls, demonstrated:

1. Less self-reported delinquency, depression and anxiety; and
2. Higher self-esteem, academic performance, and school attendance.

### **References**

Felner, Robert D., & Adan, Angela M. (1988). The School Transitional Environment Project: An ecological intervention and evaluation. In R. H. Price, E. L. Cowen, R. P. Lorion, & Ramos-McKay (eds.)1. *14 Ounces of Prevention: A Casebook for Practitioners*.

Felner, Robert D., & Ginter, Melanie, & Primavera, Judith (1982). Primary prevention during school transition: Social support and environmental structure. *American Journal of Community Psychology, 10*, 277-290.

Reyes, Olga, and Jason, Leonard A. (1991). An evaluation of a high school dropout prevention program. *Journal of Community Psychology, 19*, 221-230.

## **Preventive Treatment Program**

### **Program Overview**

The program is designed to prevent antisocial behavior of boys who display early, problem behavior, it provides training for both parents and youth to decrease delinquency, substance use, and gang involvement.

### **Program Targets**

The intervention has been successfully implemented for white, Canadian-born males, ages 7-9, from low socioeconomic families, who were assessed as having high levels of disruptive behavior in kindergarten.

### **Program Content**

The Preventive Treatment Program combines parent training with individual social skills training. Parents receive an average of 17 sessions that focus on monitoring their children's behavior, giving positive reinforcement for prosocial behavior, using punishment effectively, and managing family crises. The boys receive 19 sessions aimed at improving prosocial skills and self-control. The training is implemented in small groups containing both disruptive and non-disruptive boys, and it utilizes coaching, peer modeling, self-instruction, reinforcement contingency, and role playing to build skills.

### **Program Outcomes**

Evaluations of the program have demonstrated both short- and long-term gains for youth receiving the intervention.

At age 12, three years after the intervention:

1. Treated boys were less likely to report the following offenses: trespassing, taking objects worth less than \$10, taking objects worth more than \$10, and stealing bicycles.
2. Treated boys were rated by teachers as fighting less than untreated boys.
3. 29% of the treated boys were rated as well-adjusted in school, compared to 19% of the untreated boys.
4. 22% of the treated boys, compared to 44% of the untreated boys, displayed less serious difficulties in school.
5. 23.3% of the treated boys, compared to 43% of the untreated boys, were held back in school or placed in special education classes.

At age 15, those receiving the intervention were less likely than untreated boys to report:

1. Gang involvement;
2. Having been drunk or taken drugs in the past 12 months;
3. Committing delinquent acts (stealing, vandalism, drug use);
4. Having friends arrested by the police.

## References

Tremblay, Richard E., Masse, Louise, Pagani, Linda, & Vitaro, Frank (1996). From childhood physical aggression to adolescent maladjustment: The Montreal Prevention Experiment. In R. D. Peters & R. J. McMahon (eds.), *Preventing childhood Disorders, Substance Abuse, and Delinquency*. Thousand Oaks: Sage Publications

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Tremblay, Richard E., McCord, Joan, Bioleau, Helene, Charlebois, Pierre, Gagnon, Claude, LeBlanc, Marc, & Larivee, Serge (1991). Can disruptive boys be helped to become competent? *Psychiatry*, 54, 149-161.

## **Iowa Strengthening Families Program (ISFP)**

### **Program Overview**

The **Iowa Strengthening Families Program (ISFP)** is a universal, family-based intervention which enhances parents' general child management skills, parent-child affective relationships, and family communication. Based on a developmental model, ISFP assumes that increasing the family's protective processes while decreasing its potential risk factors can alter a child's future, so that problem behaviors can be reduced or avoided. In addition, the program seeks to delay the onset of adolescent alcohol and substance use by improving family practices.

### **Program Targets**

ISFP is designed for use with all sixth-grade students and their families. It has been successfully implemented in 33 rural, Midwestern schools in which most of the program families were white and middle-class and most parents had obtained at least a high school education.

### **Program Content**

The seven-week intervention utilizes a biopsychosocial model in which parents and children learn individual skills, then are brought together to improve family communication and practices.

During the parent training sessions, held in groups with an average of eight families, parents are taught to clarify expectations of children's behavior, especially regarding substance use; utilize appropriate and consistent discipline techniques; manage strong emotions concerning their children; and use effective communication.

In the child sessions, adolescents learn similar skills, as well as peer resistance and refusal techniques; personal and social interaction skills; and stress and emotion management.

In the combined parent and children classes, families practice conflict resolution and communication skills, and engage in activities designed to increase family cohesiveness.

### **Program Outcomes**

Both post-test evaluations of family processes and follow-up studies of individual substance use have demonstrated positive effects for ISFP families and adolescents, compared to control groups.

At post-test, ISFP participants showed:

1. Improved child management practices, including monitoring, discipline, and standard setting
2. Increased parent-child communication
3. More child involvement in family activities and decisions
4. Strengthened family affective quality.

One- and two-year follow-up analyses revealed that participating adolescents had:

1. Lower rates of alcohol initiation at both years; and
2. 30-60% relative reductions in alcohol use, using without parents' permission, and being drunk.

## **Brief Strategic Family Therapy (BSFT)**

### **Program Overview**

Brief Strategic Family Therapy (BSFT) adopts a structural family systems framework to improve youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms.

### **Program Targets**

The target population in general are children and adolescents between 8 and 17 years of age displaying or at risk for developing behavior problems, including substance abuse.

### **Program Content**

BSFT is a short-term, problem-focused intervention with an emphasis on modifying maladaptive patterns of interactions. Typical sessions last from 60 to 90 minutes, with 12-15 sessions over three months. Therapy is based upon the assumption that each family has unique characteristics that emerge when family members interact, and that this family "system" influences all members of the family, thus the family is viewed as a whole organism. The repetitive interactions, or ways in which family members interact and behave with regard to one another can be either successful or unsuccessful. BSFT targets these interaction patterns that are directly related to the youth's behavior problems and establishes a practical plan to help the family develop more effective patterns of interaction.

The three primary components of the intervention are:

- Joining: understanding resistance and engaging the family in therapy
- Diagnosis: identifying the interaction patterns that encourage problematic youth behavior
- Restructuring: developing a specific plan to help change maladaptive family interaction patterns by working in the present, reframing, and working with boundaries and alliances

### **Program Outcomes**

BSFT adolescents showed significant reductions in Conduct Disorder and Socialized Aggression from pre- to post-treatment, while group therapy adolescents showed no significant changes. There were also clinically significant changes in Conduct Disorder and Socialized Aggression favoring the treatment group over the control group.