



# PROSOCIAL FAMILY THERAPY: A MANUALIZED PREVENTIVE INTERVENTION FOR JUVENILE OFFENDERS

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**ABSTRACT.** *This manual for Prosocial Family Therapy (PFT) describes a practical method of multisystemic care for juvenile offenders based on our theories about risk and protection factors and therapy process. The PFT team integrates specific parent training techniques and nonspecific family therapy strategies in meetings scheduled with decreasing frequency over a 3-month intervention and 2-year follow-up period. The PFT manual blends scientific and clinical concerns via checks on manual adherence, treatment integrity, and internal validity. PFT can be used by MA-level therapists in community or residential settings run by courts, schools, or mental-health agencies. Our short-term intervention goal is rapid, lasting reduction of youths' community, home, and coping problems (e.g., police arrest, curfew violation, substance abuse, and suicide attempts). Our long-term prevention goal includes fewer crimes and bad life outcomes (e.g., school dropout, teen parenthood, welfare dependence) and more family-wide prosocial coping—helping self without harming others. We discuss why family preservation is not our ultimate goal and why acceptance of reality is a prerequisite for behavior change. © 2000 Elsevier Science Ltd. All rights reserved.*

**KEY WORDS.** Family therapy, juvenile offenders, prevention, intention

THE FAMILY IS the source of well-documented risk factors for juvenile delinquency and adolescent substance abuse including inadequate parental supervision and monitoring, parental rejection and neglect of children, and parental criminality and substance abuse (e.g., Coley & Hoffman, 1996; Ge et al., 1996; Henry, Caspi, Moffitt, & Silva, 1996; Hoge, Andrews, & Leschied, 1996; Kandel, 1996). Nevertheless, North American courts usually return juvenile offenders to their families during parole, probation, and as an alternative to prosecution (Bazemore & Day, 1996). Multiproblem families are unprepared to provide the long-term support for recovering juvenile offenders that will prevent recidivism and associated bad life outcomes, such as substance abuse (Blechman, 1991).

## PROSOCIAL FAMILY THERAPY (PFT)

In this manual for Prosocial Family Therapy (PFT), we describe how courts, schools, community agencies, and residential treatment centers can provide comprehensive care to juvenile offenders, ensure protocol adherence, and assess clinical significance of results. PFT's short-term intervention goal is a rapid and lasting multisystemic decline in community, home, and coping problems (e.g., police arrest, school expulsion, curfew violations, sibling fights, substance abuse, parasuicide). PFT's long-term prevention goal is fewer crimes and bad life outcomes (e.g., school dropout, teen parenthood, welfare dependence) and more family-wide prosocial coping—helping self without harming others. A unique feature of PFT is its manualization of specific behavioral parent training techniques and of nonspecific family therapy and communication strategies.

## MANUALIZED INTERVENTION

An intervention that is specified in a procedural manual can be adopted and evaluated at sites not biased by the presence of the intervention's original developers and can be subjected to prospective cost-effectiveness evaluation (Addis, 1997; Cohen, Miller, & Rossman, 1994; Gaston & Gagnon, 1996; Greenwood, Model, Rydell, & Chiesa, 1996). The manual allows users in diverse settings to determine: (a) How well are local therapists adhering to the intervention protocol? (b) In my location, how well does this intervention work? (c) In my location, which clients do particularly well? (d) In my location, which therapists do particularly well? (e) How much does this intervention cost my community compared to locally available alternatives?

## OVERVIEW

We present here a version of our manual<sup>1</sup> with sufficient detail for adoption by courts, schools, community agencies, and residential treatment centers as a means of providing comprehensive care to juvenile offenders, checking protocol adherence, and assessing clinical significance of results.<sup>2</sup> This version of the manual also allows independent evaluation of PFT by applied researchers.<sup>3</sup> We are currently evaluating PFT with juvenile offenders in Boulder County, CO. Pending the outcome of this research, we make no claims about outcome.<sup>4</sup> Section I of this manual considers PFT's distinguishing features. Section II describes specific PFT techniques. Section III explains how to conduct PFT meetings. We assess therapist adherence to this manual with the checklist in Appendix A. A glossary of PFT terms and acronyms is in Appendix B.

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<sup>1</sup>Given page limits, this version of the manual omits nonessential details that can be developed by end users. For example, we have omitted details of locally required paper work completed by our PFT teams.

<sup>2</sup>We have prepared a series of videotapes for workshop training of PFT therapists. These can be obtained from the first author.

<sup>3</sup>We use a standardized assessment protocol for repeated, longitudinal measurement of the juvenile offender population from which PFT participants are drawn. This protocol is available from the first author.

<sup>4</sup>A companion article provides single-case experimental design data and excerpts of session transcripts from three families treated according to the protocol described in this manual (Blechman, Helstrom, Hall, Coffey, Piatigorsky, Mascolo & Horstman, 1998).

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