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Bridging the research-practice gap in adolescent substance abuse treatment: the case of brief strategic family therapy

Michael S. Robbins, Ph.D.[a,*], Ken Bachrach, Ph.D.[b], José Szapocznik, Ph.D.[a]

[a]*Center for Family Studies, Department of Psychiatry and Behavioral Sciences, University of Miami School of Medicine, Miami, FL 33136, USA*
[b]*Tarzana Treatment Centers, 18646 Oxnard Street, Tarzana, CA 91356, USA*

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Abstract

This article presents an empirically validated intervention, Brief Strategic Family Therapy (BSFT), for the treatment of adolescent drug abusers. The BSFT intervention steps and program format are presented. Challenges to implementation in community treatment settings are discussed to identify factors that may facilitate or block the integration of BSFT into community practice settings. In particular, this discussion explores how 3 critical aspects of community treatment programs — program philosophy, program structure, and cost/funding — influence the blending of BSFT into community treatment practice. © 2002 Elsevier Science Inc. All rights reserved.

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1. Introduction

This article explores some of the practical issues in blending a research-proven family based intervention for adolescent substance abusers, Brief Strategic Family Therapy (BSFT; Szapocznik, Hervis, & Schwartz, 2001; Szapocznik & Kurtines, 1989) into current community treatment practices. Efforts to blend research-proven interventions in community treatment settings may have a significant impact on the day-to-day activities of both practitioners and researchers. Yet, there is relatively little research or experience on the blending of empirically supported treatments for adolescent substance abusers with community treatment practice.

The work presented in this article is based on collaborative relationships developed through the Clinical Trials Network of the National Institutes on Drug Abuse. This article brings together the experiences of community treatment providers and university-based researchers to discuss bridging the research-practice gap around BSFT for adolescent drug abusers. This collaboration reflects our guiding assumption that the best way to build an effective research-practice bridge is to involve both clinicians and researchers as full partners. Through this partnership, we have identified critical challenges and potential solutions for initiating efforts to blend BSFT with community practice.

The information in this article is presented in two sections. In the first section, we present a brief description of BSFT intervention and relevant outcome results. This information provides an understanding of the clinical aspects of BSFT as well as selected outcome research findings. The second section presents issues involved in blending BSFT with community treatment practice. Specifically, this section includes key questions and challenges to be addressed in blending research with practice, and offers some potential recommendations for facilitating this process. Throughout this section, we highlight issues that are particularly salient for blending research-proven interventions for adolescent substance abusers with adolescent community treatment services.

2. Brief strategic family therapy (BSFT)

This section is organized into two parts: (1) a brief description of the clinical approach; and (2) relevant research findings.

* Corresponding author. Tel.: +1-305-243-4592; fax: +1-305-243-4417.
E-mail address: mrobbins@med.miami.edu (M.S. Robbins).

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2.1. The role of context

BSFT is a family-based intervention designed to help children and adolescents with conduct, delinquent, and other behavior problems, including alcohol and substance abuse. BSFT is based on the fundamental assumption that the family is the ''bedrock'' of child development; the closest and most influential context influencing children's development and behavior. Therefore, the family is viewed as the primary context in which children learn to think, feel, and behave. To improve a youth's behavior problems, BSFT targets the family interactions that are related to the youth's behavior problems. Interactions refer to the family's characteristic manner of relating with one another. BSFT is particularly focused on repetitive patterns of family interactions that persist despite the fact that these interactions fail to meet the needs of the family or its individual members. Family relations are thus believed to play a pivotal role in the evolution of behavior problems, and consequently are a primary target for intervention.

BSFT recognizes that the family itself is part of a larger social system and, as children are influenced by their families, the family is influenced by the larger social system in which it exists (Bronfenbrenner, 1979, 1986; Szapocznik & Coatsworth, 1999). This sensitivity to social context begins with an understanding of the important direct influence of peers, school, and the neighborhood on the development of children's behavioral problems. In BSFT, this concern with social context also includes a concern for parents' relationships with their children's peers, schools, and neighborhoods as well as a focus on the unique relationships that parents have with individuals and support systems outside of the family (e.g., work, Alcoholics Anonymous).

It should be clarified that families come in many different forms, and in fact, often the person who functions in the role of a family member may not be a biologically linked family member. For that reason, in BSFT, work with families is conducted with any set of individuals that functions as a ''family''; that is, the individuals who live with the adolescent, who provide for him or her, who are concerned for the adolescent, and who have the interest or capacity to collaborate with the adolescent in setting rules and consequences for misbehaviors. Sometimes families have been defined as ''networks of mutual commitment'' comprised of the persons who carry out the functions that are expected by legal or traditional standards from family members (Pequegnat & Szapocznik, 2000).

A fundamental assumption in BSFT is that families enter treatment with their own informal, natural systemic networks. The most common examples of these natural networks include friends, extended family members, schools, and work. BSFT therapists are expected to examine these networks to identify potential problems or areas of strength on which to capitalize in therapy. Thus, rather than placing its highest emphasis on connecting family members with surrogate formal systems, like social services, that tend to be transient in nature, BSFT gives its highest priority to improving those links that are naturally occurring. Similar to the philosophy of decentralization, the idea is that the family is more likely to maintain positive changes if the changes involve systems that will continue to interact when the therapist (or social services) are no longer involved with the family. This is not to say that therapists do not utilize formal social services in BSFT. This philosophy merely reflects the reality that such services often fail to have a lasting impact on the family because they tend to address the family's immediate problems in living, and do not prepare the family to handle problems on their own. Hence social services are used for what they do best, provide short-term support. BSFT is used to create short-term as well as long-term changes.

Obtaining the collaboration of whole families has always been a major obstacle to provision of family therapy services (Szapocznik et al., 1988). For that reason, a specific module has been developed in BSFT to bring families into treatment and to blend treatment and family life. In BSFT, therapists are very active in working to engage reluctant family members, particularly during the early phase of therapy. The basic philosophy is that therapists will be able to better understand a family's problems and treat the youth's behavior problems more effectively if they are able to view directly the family's maladaptive, repetitive patterns of interaction. For that reason, specialized techniques have been developed to engage families in treatment. This work is based on the simple assumption that the same relational problems that may be obstacles to removing the adolescent's problem behaviors (e.g., parent and adolescent view themselves as enemies), might also keep whole families from coming into treatment. The specialized engagement techniques help to temporarily overcome these problematic family interactions, long enough to bring the family into treatment, where these problematic family interactions can be properly treated.

The concern with social context in BSFT also extends to the recognition of the influence of cultural factors in the development and maintenance of behavior problems (Szapocznik, Kurtines, & Santisteban, 1994). For example, when parents experience discrimination it may affect their parenting, and when children experience discrimination, it may affect their appraisal of their parents as ''protective figures'' if they are unable to protect the child from discrimination. With Hispanic immigrant families, a cultural process that is often addressed by BSFT therapists is the differences in attitudes, beliefs, values, and behaviors that develop between parents and children, when children rapidly acculturate to a culture that is foreign to the parents (Szapocznik & Kurtines, 1993).

2.2. The role of the therapist

BSFT redefines a youth's behaviors in terms of the social context that influences him/her. There is special emphasis