

Brief Strategic Family Therapy (BSFT)

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Knowledge of the rationale for the BSFT approach

Knowledge of systemic principles that inform the therapeutic approach

An ability to draw on knowledge of family systems theory including:	
	the principle that what affects one family member will affect all other family members
	an understanding that patterns of interaction (i.e. habitual and repetitive interactions) in a family affect each member of the family
	an understanding of what constitutes a family 'structure' (i.e. the constellation of repetitious patterns of interaction)
An ability to draw on knowledge of principles of BSFT including:	
	that BSFT is built on a family systems approach
	that symptoms in a family member are in part indicative of problems in the family system
	that patterns of interaction in the system affects the behaviour of each family member (where patterns of interaction are defined as the sequential behaviours among family members that become habitual and repeat over time)
	the principle of planning of interventions that carefully target and provide practical ways to change patterns of interaction that are directly linked to the problem behaviours
An ability to draw on knowledge that the intention of BSFT is to create 'second order' (i.e. self sustaining) change in a family system.	
An ability to draw on knowledge that 'systems' are a special case of context; are made up of parts that are interdependent and interrelated; and must be viewed as a whole.	
An ability to draw on knowledge that the family is the primary context for socializing children and adolescents	

An ability to draw on knowledge that adolescent problem behaviours are linked to family problems (e.g. parental drug use; parental under or over-involvement; parental over or under-control of adolescent; poor quality of parent-adolescent communication; lack of clear rules or consequences for behaviour)
An ability to draw on knowledge that the organisation of the family system (e.g. leadership, subsystem organisation and communication flow) shapes the behaviours of its members, through, for example, spoken and unspoken expectations; particular alliances; conflict resolution style; and implicitly and explicitly assigned roles.
An ability to draw on knowledge of the principle of 'complementarity' (i.e. an action by one family member, complements or facilitates the actions of other members of the family)
An ability to draw on knowledge of developmental stages and the conditions that promote development
An ability to draw on knowledge of the problems associated with failure of a system to adapt to a developmental transition (i.e. failure to establish new behaviours that are adaptive to the new stage will cause some family members to develop behavioural problems)

An ability to end therapy

An ability to assess progress towards goals, and establish whether a 'rough around the edges' or 'good enough' outcome has been achieved

An ability to use relapse prevention techniques

An ability to help engage the teenager/family with appropriate community resources towards the end of treatment

An ability to establish meaning for the changes that have occurred and articulating changes that still need to be made

An ability to identify and highlight specific successes and accomplishments that have been made, and to utilise these as evidence of and prompts about how new crises can be overcome

An ability to challenge belief systems/behaviours

An ability to use shaping to change behaviours (e.g. helping adolescents to develop a more sophisticated language for expressing their feelings and beliefs through a process of successive approximations)
An ability to use coaching to challenge beliefs (e.g. helping parents to develop their parenting skills through training in this)
An ability to search for and reinforce examples of success, and validate abilities that exist, in order to challenge beliefs that the system is unable to change
An ability to present alternative outcomes and possibilities to the family, to challenge expectations
An ability to foster self-examination and appraisal in the adolescent
An ability to reformulate cognitive attributions
An ability to use multimedia interventions, such as psychoeducational videos, popular films, music, and written or internet materials to facilitate discussion of beliefs/experiences

An ability to work towards problem solutions

An ability help create opportunities for 'pro-social' activities, and developmentally appropriate alternatives to drug lifestyle
An ability to facilitate adolescent's communication of emotions and experiences, to help close the communication gap between teenager and parents
An ability to facilitate parental competence (e.g. through coaching techniques or highlighting previous successes)
An ability to use behavioural/cognitive- behavioural techniques such as:
functional analysis, to assess the pertinent factors preceding, during and following use of drugs
successive approximation (or shaping) to help an adolescent practice a 'new language' to help communication with parents
anger management
out of session behavioural experiments
generalisation of skills learned to new settings
rehearsal of new behaviours
organising new behavioural opportunities for the teenager to explore
relapse prevention
An ability to use parenting relationship interventions to redirect the derailed developmental tasks of parents and adolescents, and to increase emotional connection between them.
An ability to use an 'ecomap' (i.e. a visual representation of a social world and its influences) to enable the family to recognize the forces of influence on the adolescent's life, and to work to develop alternative social possibilities
An ability to promote the use of newly learnt skills to solve problems in present and future
An ability to use 'reconnection' (an intervention that helps one family member recall positive feelings about another family member) to alter interactions between two family members

Ability to maintain and develop a systemic approach

Ability to facilitate communication across the system

An ability to facilitate communication across the wider system through:	
	collaborative working with all parts of the system
	use of advocacy for client(s) less able to communicate effectively
	increasing lines of communication between systems
	challenging beliefs about relationships
An ability to facilitate communication between adolescent and parental system through:	
	enactment techniques
	identifying and shaping patterns of communication
	encouragement of 'emotional expression and clarification'
	discussion of particular themes
An ability to use a variety of media with the client and wider system to promote more effective communication	

Ability to work with an intergenerational approach/across a range of contexts

An ability to employ the different competencies needed to work with adolescents, parents and other family members (e.g. using age related language and media)
An ability to work with multiple systems in a coordinated, active way, inside and outside of the family
An ability to research and engage with community resources (e.g. Job centres, recreational schemes etc)

SPECIFIC MDFT TECHNIQUES

An ability to use enactment techniques

An ability to make use of spontaneous enactments, and to create enactments between family members, to facilitate change in the kinds of conversations that are possible, and therefore change relationships
An ability to make use of enactments to facilitate emotional expression, and to help adolescents develop a language for expression through the therapist shaping and guiding the dialogue
An ability to make use of heightened emotion to increase the motivation for change
An ability to use specific techniques such as intensification, physically changing position of family members in the room, encouraging family members to speak directly to one another, and 'shift strategy' (i.e. moving the conversation to a more personal level)
An ability to use status as an expert/authority figure to remobilize parental commitment
An ability to utilize crises as opportunities to mobilize a system's resources and create a focus

Ability to establish the context for a systemic intervention

An ability to identify and utilise recent crises to create a focus for the treatment
An ability to engender hope in the system, through creating expectations that the teen's life course can be redirected
An ability to identify who attends which sessions, based on therapy stage and sub-system specific goals.
An ability to create a collaborative agenda
An ability to identify themes from the content of the sessions, and to use these in helping to create a focus for change
An ability to work at different levels of the system and manage the interface between these (e.g. Adolescent, family, school, judicial system)
An ability to identify the different contexts influencing presenting problems (e.g. the culture of 'street life', gender differences in drug use, cultural stories, peer group pressures, life stage, family beliefs, spiritual beliefs, specific episodes) and to utilise these in tailoring interventions
An ability to choose which focal area will lead to the highest clinical yield
An ability to create the frame for the intervention by engendering motivation, and establishing the seriousness of problems with the current situation

Ability to structure the course of the intervention

An ability to structure the course of the intervention into three phases:
building the foundation (engagement, explaining the intervention, assessment and formulation)
facilitating change (through specific techniques)
cementing change and ending the intervention
An ability to tailor level of therapist activity/directiveness depending on stage of therapy (e.g. therapist takes more of an active/directive role in initial stages, relinquishing some responsibility for this to appropriate others as treatment progresses)
An ability to structure the therapy into the four modules of MDFT:
the adolescent module (therapy related to individual work with the adolescent)
the parental module (therapy related to individual/conjoint work with parents or guardians)
the family interaction module (therapy related to familial work and assessment/alteration of relationships and interactions)
the extra-familial subsystem module (therapy related to work with any system in the adolescent's/parent's social world)
An ability to structure each session (setting the stage, addressing issues, closing down the work and setting the stage for the next session)
An ability to determine who attends which session, based on therapy stage and sub-system specific goals

adolescent's competence in key areas of development and life skills) that may support therapeutic change
An ability to work with all members of the system
An ability to plan an overall strategy for treatment, and to plan the strategy for each session

Ability to develop formulations and help the client(s) identify appropriate goals

An ability to develop an MSFT formulation based on:
the emotional connection between parents and adolescent;
generic/universal knowledge of how families operate, risk and protective factors involved in substance misuse and adolescent developmental
idiosyncratic knowledge of the particular set of individual circumstances, events, personalities and history
the cultural context.

An ability to promote engagement

An ability to join with the family to form a new system, made up of the treatment system and the family system
An ability to develop a collaborative mindset (presenting therapy as a collaborative process)
An ability to establish a therapeutic relationship with all family members by:
welcoming and demonstrating understanding for all members
addressing circumstances that have brought them into treatment, and establishing points of cooperation and resistance
use of relevant cultural themes to form a point of connection with individuals (e.g. the 'journey from boyhood to manhood' theme to connect with adolescent males)
demonstrating therapeutic leadership
explaining the treatment programme in a positive light, taking into account previous treatment experiences
showing respect and support for each family member
facilitating family members to define goals for therapy
generating hope (e.g. through making statements challenging hopelessness, and through presenting self as an ally)
An ability to utilise (or even amplify) the system's distress to facilitate motivation for treatment
An ability to validate the family as a system, and attend to each individual's experience.
An ability to use the self of the therapist to demonstrate genuine interest and commitment to the teenager's and family's well-being
An ability to define the therapeutic agenda as a mutual struggle (i.e. change not just up to one individual)