

*Effective Substance Abuse and
Mental Health Programs
for Every Community*

Family Effectiveness Training

Family Effectiveness Training (FET) is a family-based program developed for and targeted to Hispanics/Latinos. It is effective in reducing risk factors and increasing protective factors for adolescent substance abuse and related disruptive behaviors. FET, applied in the preadolescent years (6 to 12), targets three family factors that place children at risk as they make the transition to adolescence: 1) problems in family functioning, 2) parent-child conflicts, and 3) cultural conflicts between children and parents. FET uses two primary strategies:

- 1) Didactic lessons and participatory activities that help parents master effective family management skills
- 2) Planned family discussions in which the therapist/facilitator intervenes to correct dysfunctional communications between or among family members

Interventions employed by FET cover:

- Normal family changes during the transition to adolescence and related conflict resolution
- Substance use and adolescent alternatives to using
- Parent and family supervision of children and their peer relationships
- Family communication and parenting skills

INTENDED POPULATION

FET helps Hispanic/Latino immigrant families with 6- to 12-year-old children, particularly in cases where the child is exhibiting behavior problems, associating with deviant peers, or experiencing parent-child communication problems. Program evaluation has only been conducted with Hispanic/Latino families.

Proven Results

- 35% reduction in children's disruptive behaviors
- 66% reduction in children's associations with antisocial peers
- 34% reduction in children's irresponsible behaviors
- 14% improvement in children's self-concept
- 75% improvement in family functioning

INTERVENTION

Universal

Selective

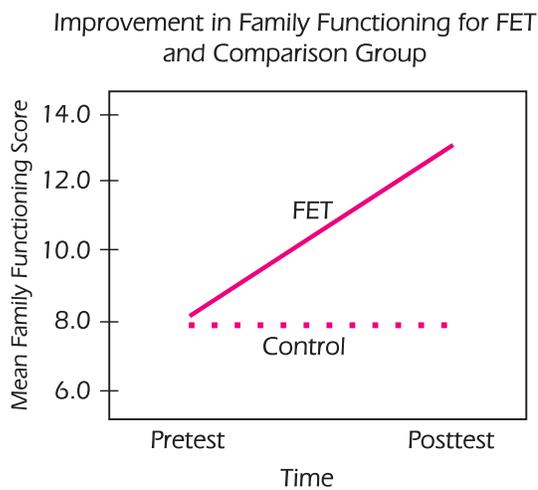
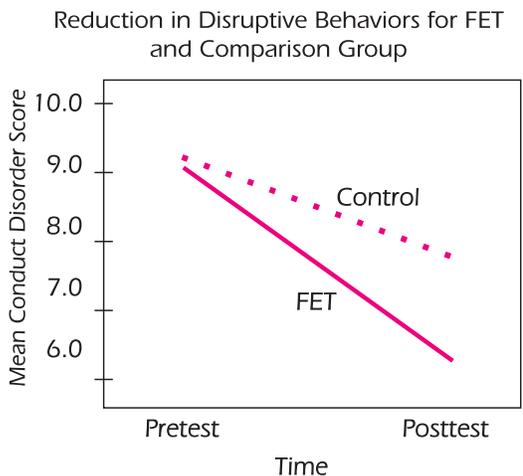
Indicated



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

OUTCOMES

FET reduced children's disruptive behaviors, promoted maturity and reduced personality problems, and improved children's self-concept. FET was also shown to improve family functioning.



BENEFITS

- Improves parental understanding of their children's cultural assimilation, and children's understanding of their parents' Hispanic/Latino culture, bridging the culture gap between parents and children
- Improves family cohesiveness and child bonding to the family
- Improves parental knowledge, understanding, competence, and skills to effectively manage children's behavior
- Increases parental and child knowledge about and negative attitudes toward substance use
- Increases substance use resistance skills in children
- Improves child self-discipline and self-concept
- Reduces child antisocial and immature behavior

HOW IT WORKS

FET is designed to engage and retain a family in the program by focusing on how the entire family functions and viewing the child's problems as a symptom of cultural differences within the family.

During the course of 13 family sessions, FET uses the following strategic interventions:

- Teaching bicultural skills to promote bicultural effectiveness
- Providing Brief Strategic Family Therapy (BSFT), a problem-focused, direction-oriented, and practical approach to the elimination of substance abuse risk factors
- Educating parents on normal adolescent development
- Promoting effective parenting skills
- Promoting family communication, conflict resolution, and problem-solving skills
- Disseminating substance abuse information to parents

FET can be implemented in a variety of settings, including community social services agencies, schools, mental health clinics, faith communities, and community youth centers. Because FET works with the entire family, the program is usually limited to afternoons, evenings, and Saturdays.

IMPLEMENTATION ESSENTIALS

FET requires committed, enthusiastic, sympathetic counselors who are familiar with and respectful toward Hispanic/Latino and American cultures, languages, and values. Minimum professional qualifications include basic knowledge of how family systems operate and 3 years of clinical experience with children and families. The ideal candidate has a master's

degree in social work or marriage or family therapy. However, individuals with a bachelor's degree and experience working with families may also qualify. Counselors must be able to—

- Present didactic material in an understandable way
- Elicit family participation in structured exercises
- Intervene in family discussions to improve dysfunctional family interactions
- Be flexible enough to adapt the intervention to the specific needs of each family

Each family participates in the program for 13 weeks, with one 1.5- to 2-hour session per week. One full-time counselor can provide FET to 15 to 20 families per week, depending on the experience and maturity of the counselor.

Agencies should allow 6 months to hire and train counselors, develop referral resources from the community, and recruit and screen participant families. The provider agency must be open at times convenient to families, and provide transportation and childcare when needed.

Videotaping equipment, a monitor, and a VCR are needed for supervision and review of work. Midsize offices with a blackboard or easel are adequate for administering FET and videotaping sessions. Finally, visual teaching aids and handouts for families are required.

PROGRAM BACKGROUND

FET grew out of a long-standing tradition of work with Hispanic/Latino immigrant families at the Spanish Family Guidance Center in the University of Miami Center for Family Studies. In the process of implementing BSFT, Center researchers observed that, in many cases, families of problematic and drug-abusing adolescents were characterized by acculturation differences between parents and adolescents. This resulted in the parents' inability to communicate effectively with their adolescents. To address this risk factor, a preventive intervention was developed to correct cultural gaps between parents and children.

The theory behind this early work was that increasing parents' familiarity with American culture and the values and attitudes to which their children were acculturating, and increasing children's familiarity with their parents' Hispanic/Latino culture, would help to close the family cultural gap, improve family relationships, and prevent problem adolescent behavior.

The current version of FET was developed to work with families of preadolescents to foster parenting skills needed in American society before children had grown old enough to manifest the cultural gaps associated with problem behavior and drug abuse in Hispanic/Latino immigrant families.

EVALUATION DESIGN

A randomized pretest, posttest, and followup group design was employed. Seventy-nine Hispanic/Latino families were randomized either to receive FET or to a minimum contact control condition. Pretest assessments were conducted prior to assignment to condition. Posttest assessments were conducted at approximately 13 weeks for both the experimental/FET and control families (around the time the FET condition was completed). A followup was conducted 6 months after the posttest. Families assigned to FET received 13 lessons, at a rate of one lesson per week. Families assigned to the control group had only minimal contact with program staff. (See *Outcomes* section.)

PROGRAM DEVELOPER

José Szapocznik, Ph.D.

Dr. Szapocznik directs the Spanish Family Guidance Center at the University of Miami's Center for Family Studies, the Nation's oldest and most prominent research center focusing on the development and testing of Hispanic/Latino family-oriented interventions in the prevention and treatment of adolescent substance abuse and related behavior problems. Dr. Szapocznik has received a number of awards and honors for his work, including the 2000 Presidential Award for "Contributions to the Development of Family-Based Interventions" from the Society for Prevention Research and, in 1999, the first ever Research Award from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention.

CONTACT INFORMATION

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RECOGNITION

Model Program—Substance Abuse and Mental Health Services Administration, U.S. Department Health and Human Services

Presidential Award—Society for Prevention Research

Research Award—Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department Health and Human Services