

Q. What is BSFT?

A. Brief Strategic Family Therapy (BSFT) is a short-term (12-15 sessions), structured, and problem-focused approach to the treatment of behavioral problems including but not limited to association with antisocial peers, early drug use, bullying, and truancy.

A. BSFT is based on the premise that family interactions play an instrumental role in the evolution of behavior in youth. Therapists coach the family on interactions as they occur during the session in effort to improve relations and create more functional interactions.

A. BSFT can be implemented in a variety of settings, including a home-based intervention. The program operates mostly during the afternoons, evenings, and weekends to accommodate the schedules of the family.

For more details, please read the [BSFT Fact Sheet](#) provided by Family Therapy Training Institute of Miami (FTTIM).

Q. What is the main goal of BSFT?

A. The goal of BSFT is to improve a youth's behavioral problems by improving family interactions that are suggested to be related to the child's symptoms, thus reducing the risk factors and strengthening protective factors to effect antisocial behavior.

Q. Is BSFT evidence-based?

A. Crime Solutions reports it as "Promising," which means studies show moderate evidence of a positive effect.

A. Three studies offered in the Evaluation Outcomes section of the Program Profile recognize inconsistent findings, but suggest promising outcomes based on the preponderance of evidence.

Study 1: demonstrated no effects on adolescent drug use or family functioning, but some positive effects on engagement and retention.

Study 2: showed positive effects of the program on engagement and retention.

Study 3: demonstrated promising reductions in behavior problems, and some drug use behavior, as well as increases in family functioning.

Q. How effective is BSFT?

A. In program information (BSFT Fact Sheet) provided by FTTIM, the following research conclusions were provided: Relative to comparisons, participating children/adolescents and their families showed: 75% reduction in drug use, 75% of families remained in the program for the full dosage, 58% reduction in association with antisocial peers, and 42% improvement in conduct disorder.

A. BSFT requires a specific training process and level of fidelity monitoring for implementation as to ensure the trademarked model is adhered to fully.

Q. How long is the BSFT program?

A. A typical session lasts 60 to 90 minutes. The average length of treatment is 12 to 15 sessions, over 3 to 4 months-time.

A. For more severe cases, such as substance-abusing youth, the average number of sessions and length of treatment may be doubled.

Q. What is the target populations for BSFT?

A. BSFT targets youth you are displaying, or are at risk for developing behavior problems, including substance abuse.

A. BSFT helps children 6 to 17 years old who exhibit rebelliousness, truancy, delinquency, early substance use, and association with problem peers. The BSFT Program also benefits families that are affected by poor behavior management, parental discord, anger, blaming interactions, and other problematic reactions.

Q. What is the implementation process for BSFT?

A. To ensure program fidelity, efficacy, and sustainability, agencies must train clinicians to the level of Certification. The certification is renewable every year for the first three years and every two years thereafter. Recertification is required to practice the trademarked BSFT.

Note: There is no legal requirement for licensure of providers of BSFT.

A. Training teams consist of on average 4-7 therapists. Therapists are individually certified by a panel rather than a site licensed.

A. BSFT training involves three 3-day workshops followed by weekly supervision for a period of four to six months.

A. BSFT trainees receive ongoing adherence/fidelity monitoring for a period of at least two years.

Q. How many counties are using BSFT in Georgia?

A. Through the Juvenile Justice Incentive Grant, one county is currently providing BSFT.

Please note: There are two developers of BSFT, both of whom can make any necessary adaptations to suit the implementation site. They are Olga Hervis (FTTIM) and Jose´ Szapocznik (BSFT® Institute, Center for Family Studies, University of Miami).

For more information on BSFT through the University of Miami, please visit <http://www.bsft.org/>.