

# *Intervention Strategies and Prevention Resources for Family Aggression.*

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*Preventing Aggression and Bullying in School and  
Community.*

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# Major areas of work

Development  
and testing  
of family-  
based  
interventions

Community  
partnerships

Mentoring of  
students and  
young  
professionals

## Engagement and Treatment Research (2003 – Present)

- Learned that some things worked pretty well.
- Became convinced that that “pretty well” is not good enough.

- Sought NIH funding to improve treatment
  - Increased the focus on culture and immigration-related processes.

Worked to create an adaptive/flexible intervention.

Explored ways to make treatment more accessible  
(technology-assisted treatment)

# Conduct/delinquency/aggression problems and drug use:

- Are highly prevalent in the Hispanic population,
- Impede normal adolescent development,
- Can lead to other high risk behaviors such as unsafe sex, and
- Are complex issues to treat.

Factors found to be critical in the development of delinquency and substance abuse problems.

### Family Factors

- Inconsistent rules and expectations
  - Poor Monitoring
- Disruption in Family Relationships

### Individual factors

- Impulsivity
  - ADHD
- Conduct Disorder

### Culture and Immigration-Related Factors

- Acculturation
- Acculturation Stress
  - Minority Status

*•Family level Factors that have been identified empirically as risk and protective factors.*

*1.Family Risk Factors:*

- a.Maladaptive responses to immigration and/or acculturation processes.*
- b.Disengaged, harsh and ineffective parents.*
- c.Verbal, physical, and sexual violence.*
- d.Interactions that reinforce maladaptive behaviors.*
- e.Family conflict.*

*2.Family Protective Factors:*

- a.Effective parenting practices.*
- b.Strong parent-adolescent attachment.*
- c.Consistent parental guidance and leadership.*
- d.Stability and Safety of home environment.*
- e.Directness and clarity of communication.*
- f.Positive/supportive family interactions.*

**Family Based Treatments have been among the most effective treatments for adolescent behavior and drug use problems**

**Multisystemic Treatment  
(Henggeler et al., 1997)**

**•Multidimensional Family Therapy  
(Liddle, 2002)**

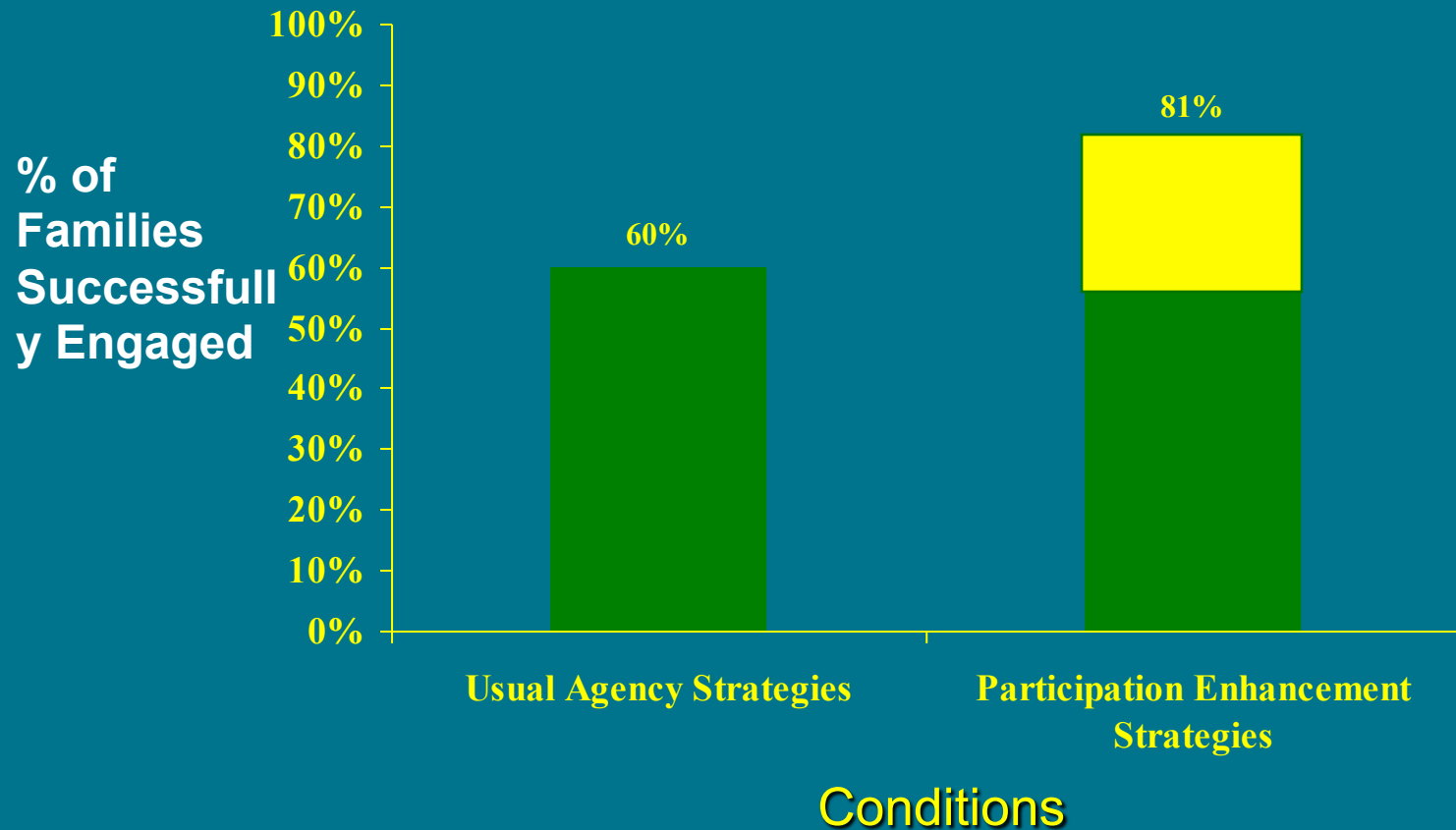
**•Functional Family Therapy  
(Alexander et al., 1999; Waldron, et al., 2001)**

**•Brief Strategic Family Therapy  
(Szapocznik et al., 2003; Santisteban et al, 2003)**

One thing that appeared to work pretty well was specialized engagement strategies to bring in reluctant family members



# The Specialized Participation Enhancement Strategies Were Superior to the Commonly Used Strategies for Bringing in Families



# Engagement Activity Prior to the First Face to Face Meetings

Father

Adolescent

Mother

All Family members are needed

Will someone be difficult to bring in?



Therapist

Is the caller protecting the system or does the father/adolescent really not want to come in?

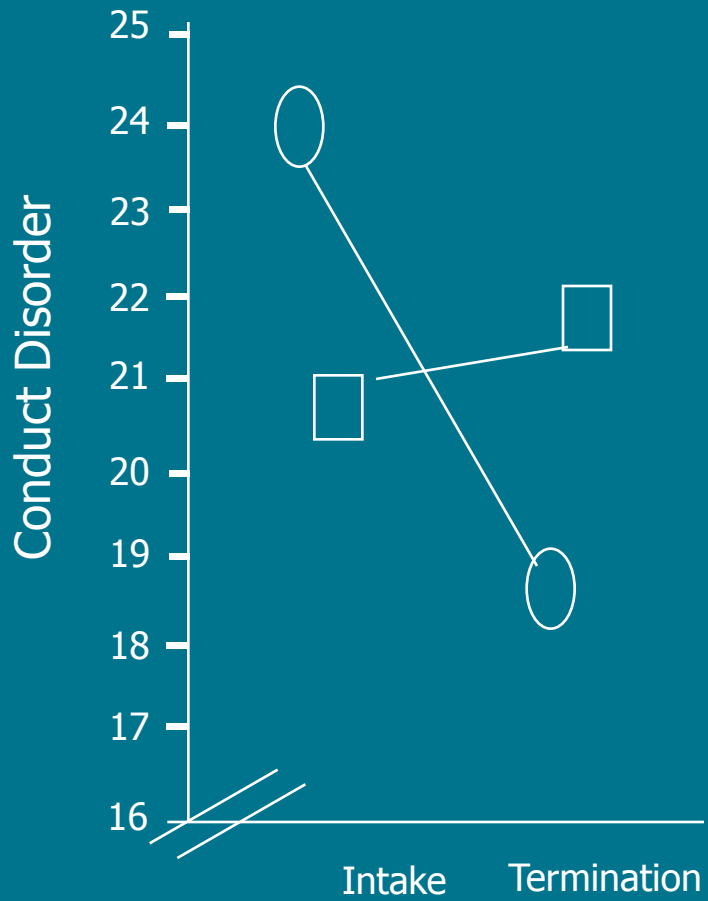
# Research Studies Have Investigated The Impact of Family Therapy (Brief Strategic Family Therapy)

**126 Hispanic families seeking treatment for kids with severe conduct problems and delinquency were randomly assigned to receive 12 sessions of either:**

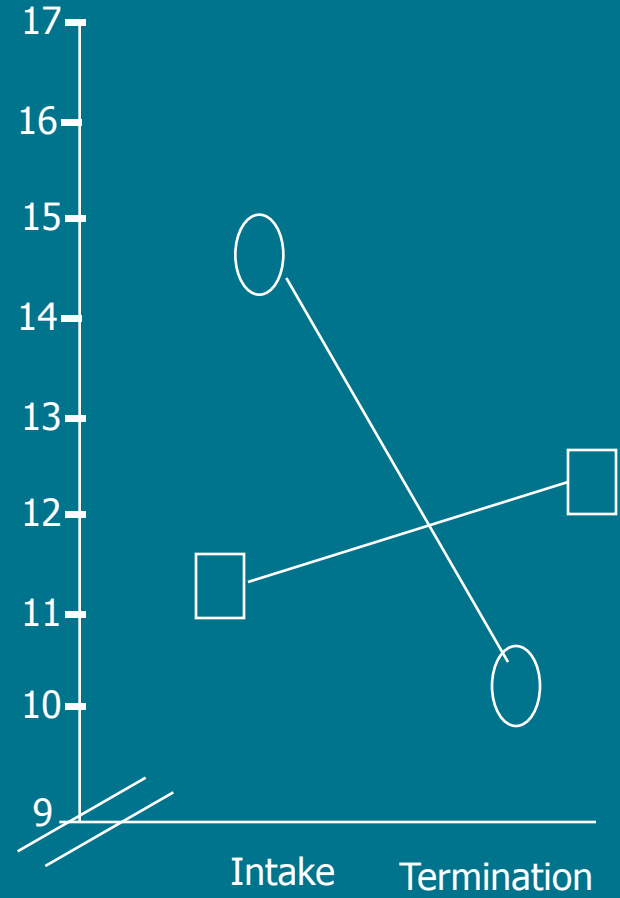
- 1) group counseling or**
- 2) family therapy**

**Results indicated that:**

- \* Youngsters that received family therapy did significantly better than did the group counseling kids on both presenting problems:**
  - Adolescent conduct problems at home**
  - Adolescent delinquency with peers**
  - Adolescent drug use**



○ Family Therapy



□ Control Condition

Reliable Change Within the Clinical Range

Reliable Change Plus Movement into Normal Range

*BSFT GC*

*BSFT GC*

*BSFT GC*



**CONDUCT DISORDER**

**SOCIALIZED AGGRESSION**

**MARIJUANA USE**

The next phase of research that I began as PI aimed at enhancing the Impact of Family Therapy

# Promising avenues for enhancements

- Become more culturally informed
- Become better at addressing co-occurring mental health issues
- Create a system for tailored/adaptive interventions in a manualized form

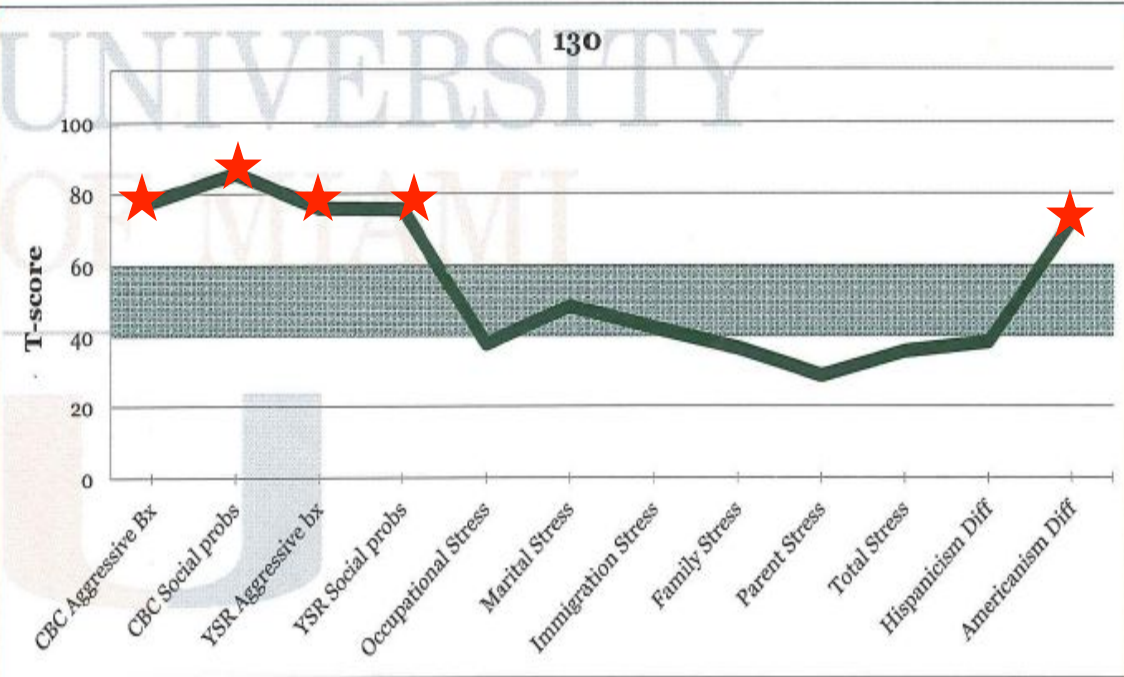


Our first step was to challenge the one size fits all” thinking of many evidence-based and manualized treatments.

- Even treatments “adapted” to a unique ethnic group may still assume that everyone in that group behaves and thinks in the same way.
- How can we expand on the choices/options that families have but also move toward the tailoring of the treatment to the unique needs of the adolescent/family.
- Created a system for tailored/adaptive interventions in a replicable fashion

# Assessment and Tailoring

## Report



Family	
Single Parent	no
Separations	no

PTSD	
Natural Disaster	no
Fire or explosion	no
Accident	no
Physical abuse	no
Assault with a Weapon	no
Unwanted sex	no
Combat/War zone	no
Illness (poss. Fatal)	no
Other event	no
Specify other	
PTSD T-score	0

School	
Grades of C or lower	yes
elec. system at school	yes

Substance Use	
Any Substance Use	no
Cigarettes	no
Alcohol	no
Marijuana	no
Cocaine	no
Prescription Drugs	no
Over the Counter	no
Other Drugs	no
Specify other	

Psychiatric	
Social phobia	no
Separation Anxiety	no
Generalized Anxiety	no
Depression	yes
ADHD	yes
Conduct Disorder	yes
Rx Psych meds	no

Sex Risk	
Hugged/kissed	yes
Touched	no
Touched private parts	no
Oral sex	no
Vaginal intercourse	no
Other sex	no
Parents spoke	yes

# Modular Psychoeducation

Parent

Adolescent

Parenting

Anger Control

Separations

Interpersonal Effectiveness

ADHD

Teen Dating

Acculturation

Depression

HIV

HIV

Drugs

Drugs

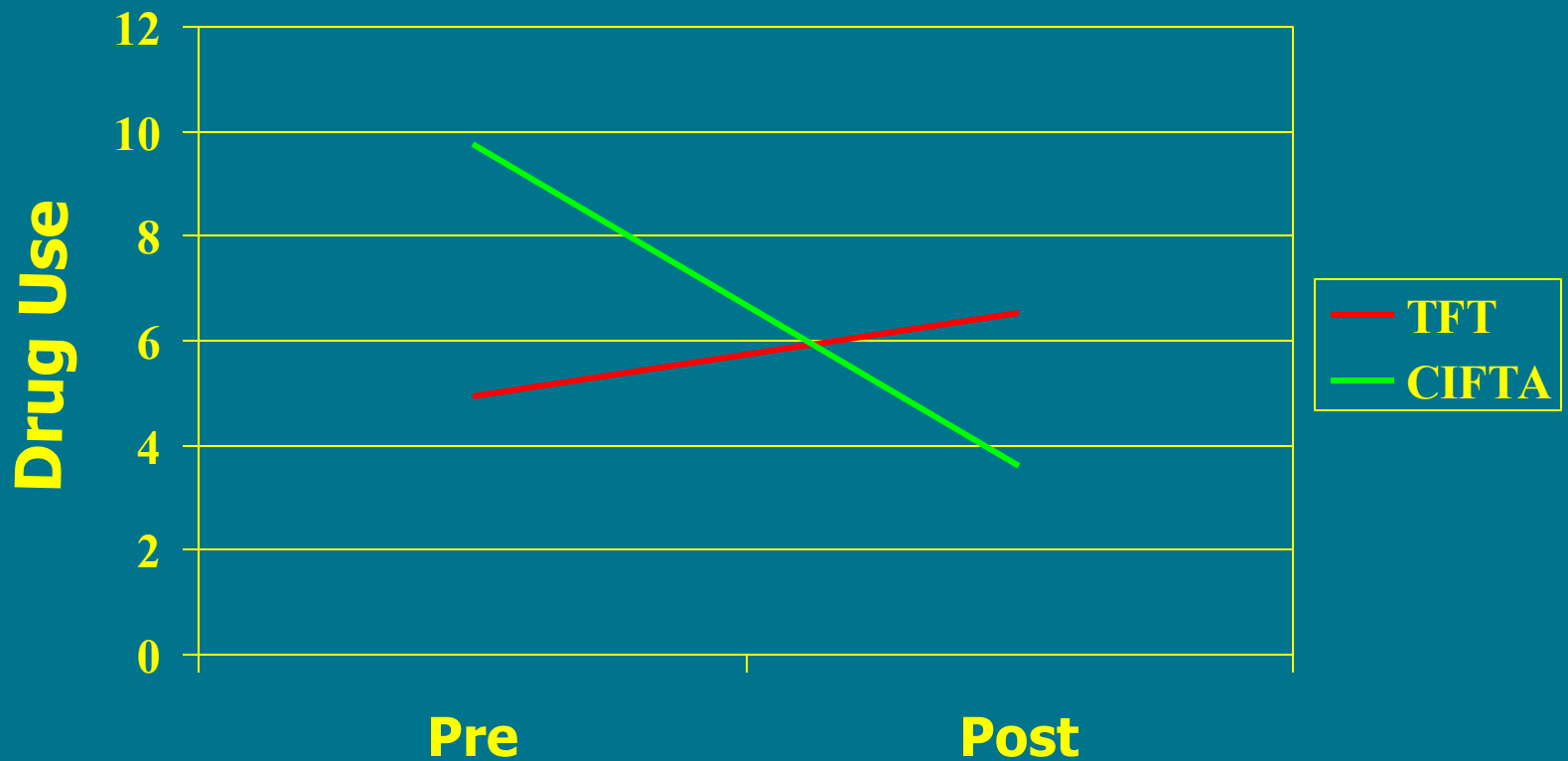
School System

To find out if there was any promise to the enhanced intervention, we pilot tested a small group of families.

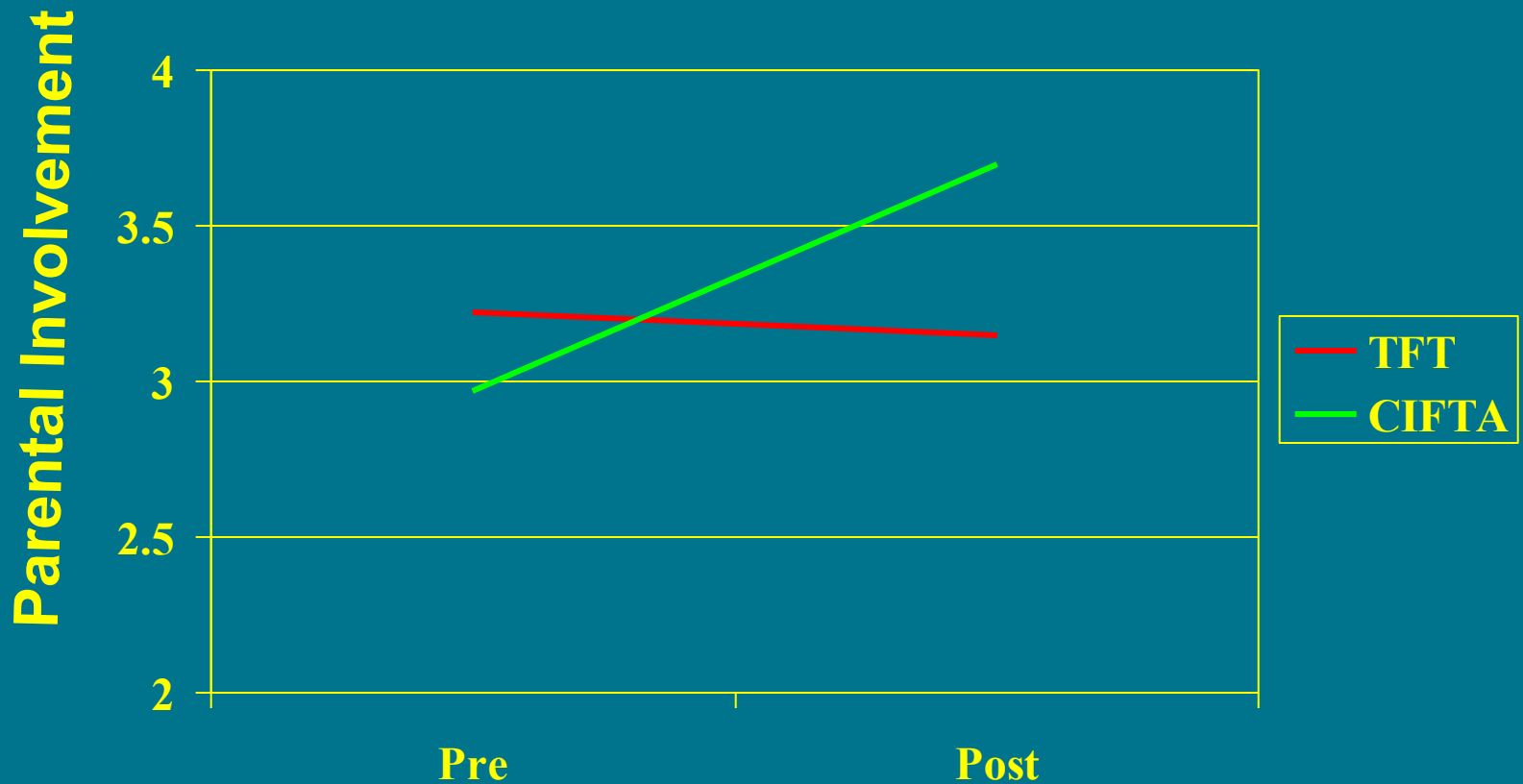
25 Hispanic adolescents ages 14-17, who met criteria for substance abuse or dependence, and their families were randomly assigned to one of two conditions:

1. Traditional Conjoint Family Therapy, or
2. Culturally Informed Family Therapy for Adolescents.

# Impact of Family Therapy and Enhanced/Integrated Intervention on Drug Use as Reported by Adolescents



# Impact of Family Therapy and CIFTA on Adolescent Report of Parenting Practices – Parental Involvement



Three NIH-funded studies were funded to test the efficacy of the CIFFTA approach to treatment.

### (1) NCMHD: CIFFTA - Prevention

200 Hispanic children ages 11-14, who meet criteria for two major mental health problems (i.e., CD, ADHD, Depression, family conflict).

Test the intervention impact on presenting problems compared to a TAU treatment

Test CIFFTA's impact on the prevention of later drug use initiation and risky sexual behavior.

- 200 11-14 year old Hispanic adolescents meeting DSM-IV criteria for any two or more of the following disorders:
  - Depression
  - Conduct Disorder
  - ADHD
  - Family Conflict
- After screening/baseline adolescents were randomized to either:
  - Individually oriented Treatment-As-Usual (TAU)or
  - Culturally Informed and Flexible Family-based Treatment for Adolescents (CIFTA)

Three NIH-funded studies are currently underway to test the efficacy of the CIFFTA approach to treatment within “El Centro”.

## (2) NCMHD: Tele-CIFFTA

80 Hispanic and African American children ages 11-14, who meet criteria for two major mental health problems (i.e., CD, ADHD, Depression, family conflict).

Integrates Technology (laptop with educational videos) with the more conventional face-to-face counseling sessions.

Test CIFFTA’s impact on the presenting problems compared to a delayed intervention control.



## The First Stage of the Study Focused on Development

The intensive development phase used focus groups and pilot families to refine the hybrid intervention.

The final product was a laptop that contained psycho-educational videos on things like parenting, psychiatric symptoms, and risky sexual behavior.

Families could view the videos on their own and could answer questions regarding symptoms with the answers going right to the counselor in preparation of for the next face-to-face sessions. Face to face sessions were cut down from about 18 to about 10.

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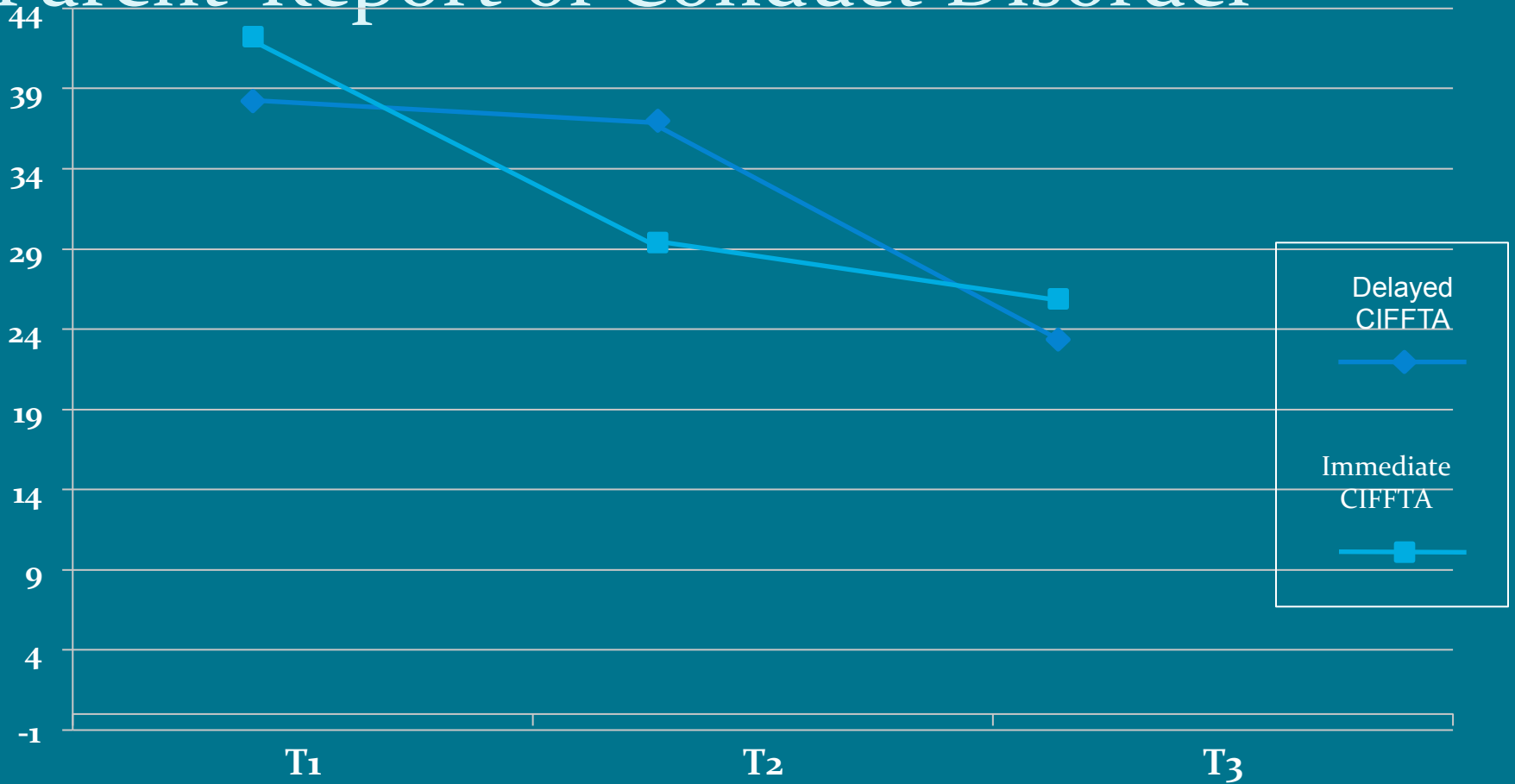
## The Second Phase Investigated the Impact of the Technology-Assisted Family Therapy

Following the development phase, the second phase was a medium-sized randomized trial.

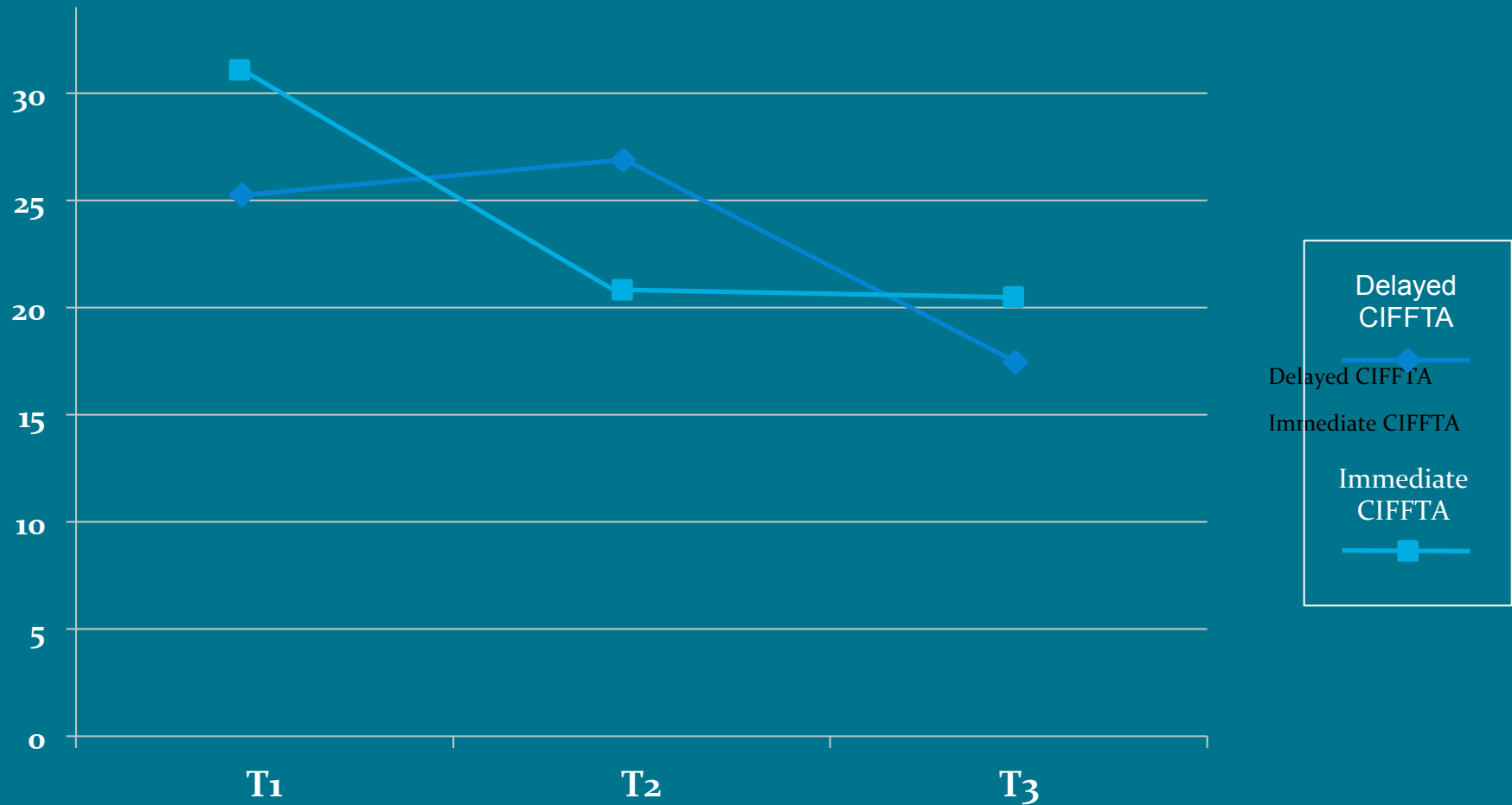
80 Hispanic and African American high-risk youth and their families were randomly assigned to receive 12 weeks of the Tele-CIFFTA either:

- 1) Immediately or
- 2) After a 12-week Delay

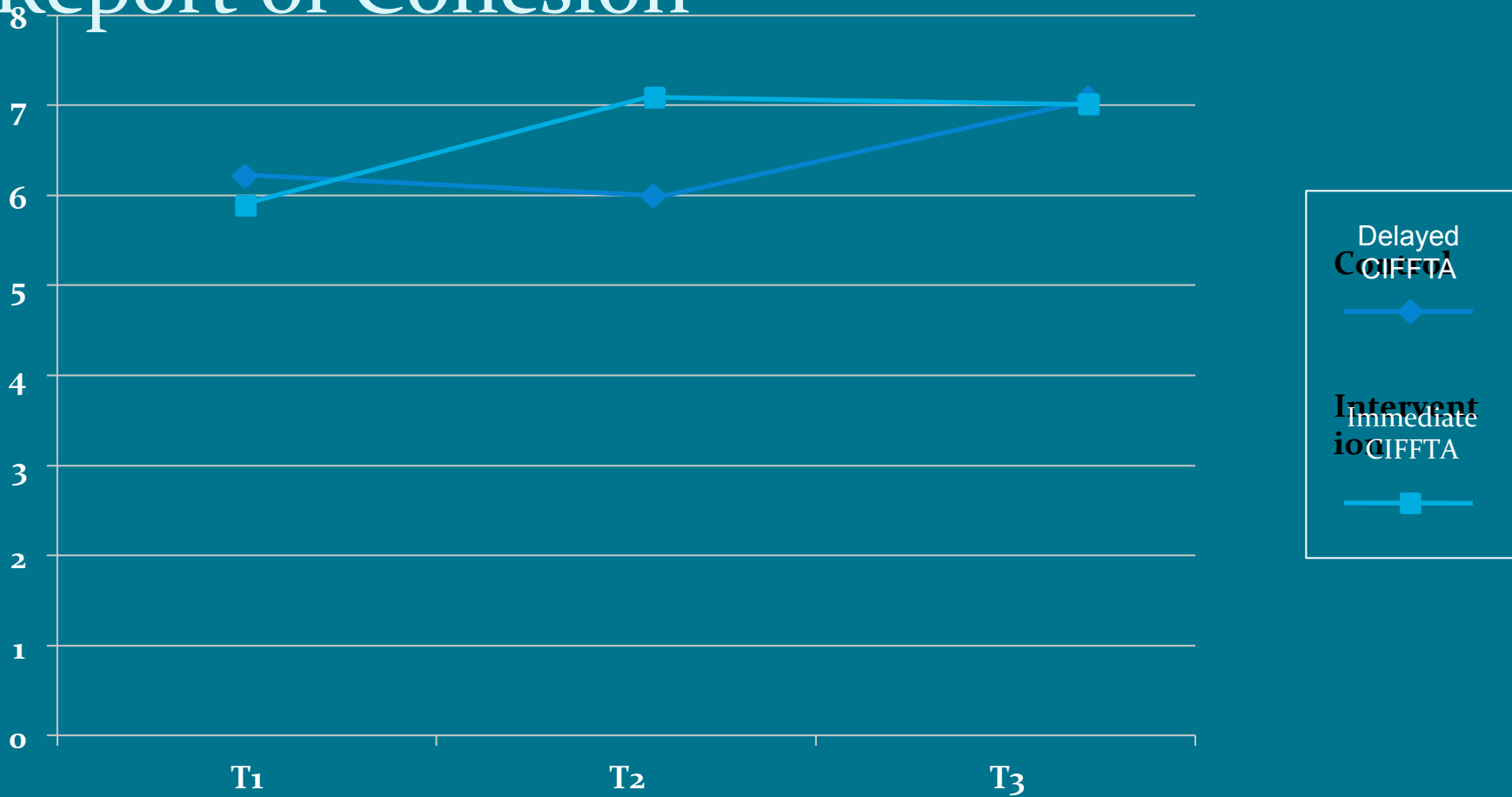
# Revised Behavior Problem Checklist: Parent-Report of Conduct Disorder



# Revised Behavior Problem Checklist: Parent-Report of Socialized Aggression



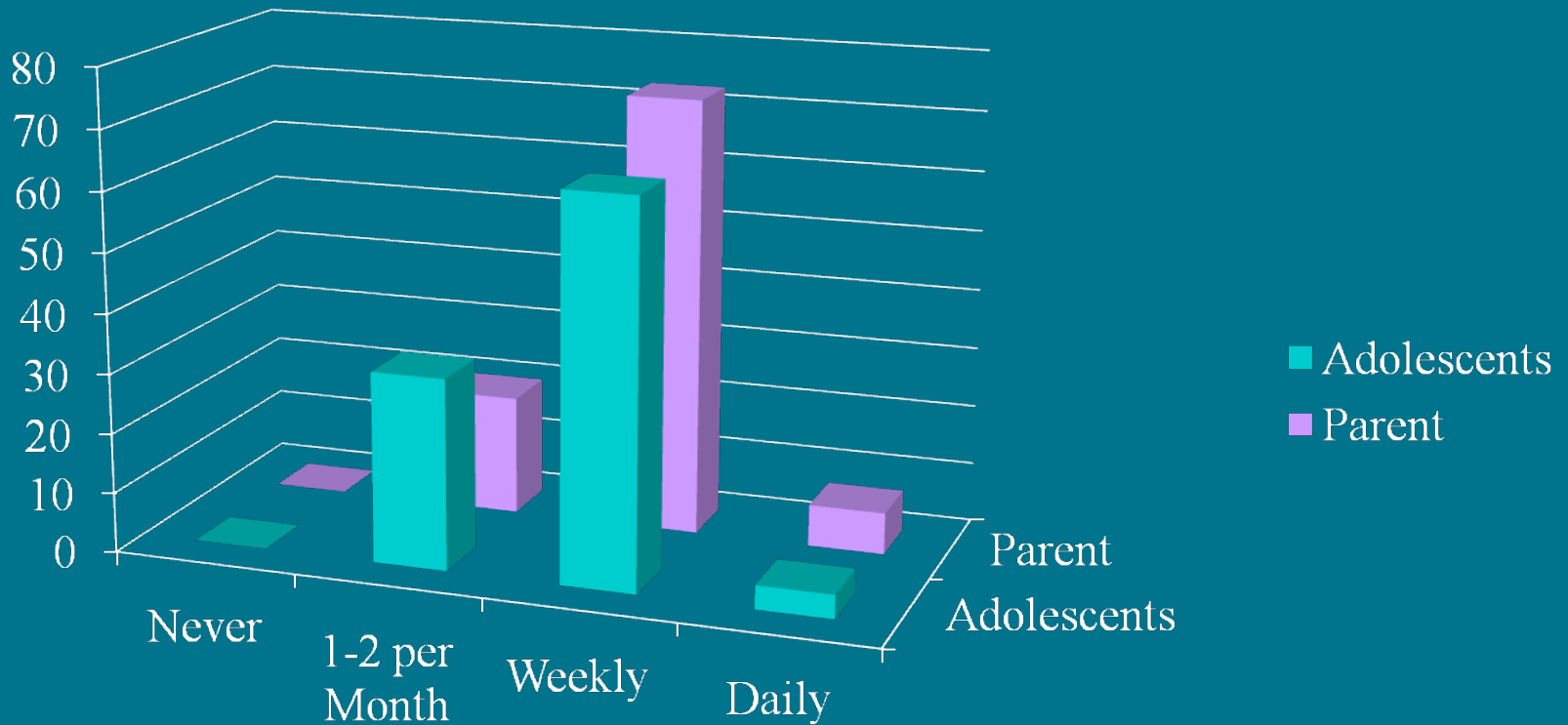
# Family Environment Scale: Adolescent-Report of Cohesion



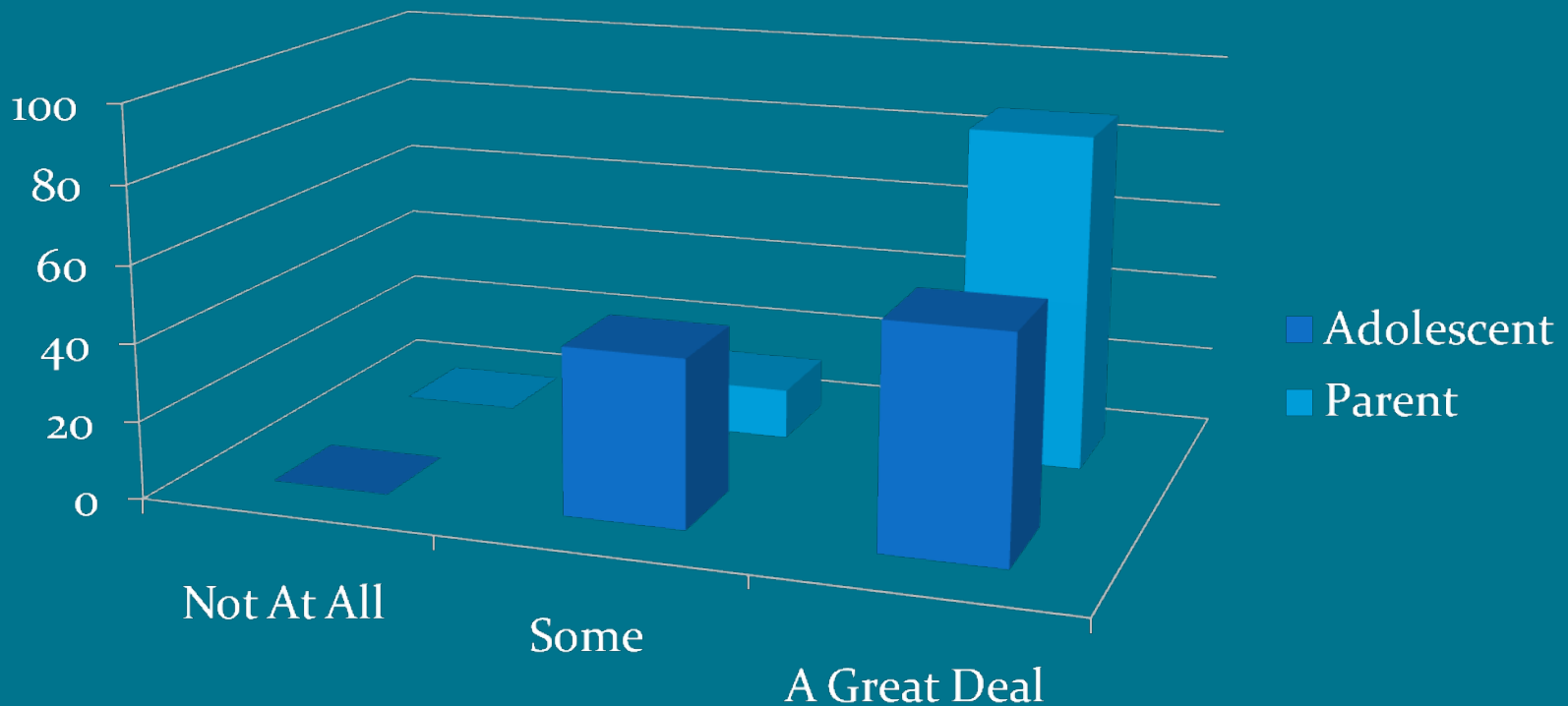


Following the trial we ran more focus groups to assess things like usability, content, benefit during treatment (N=30 parents and adolescents).

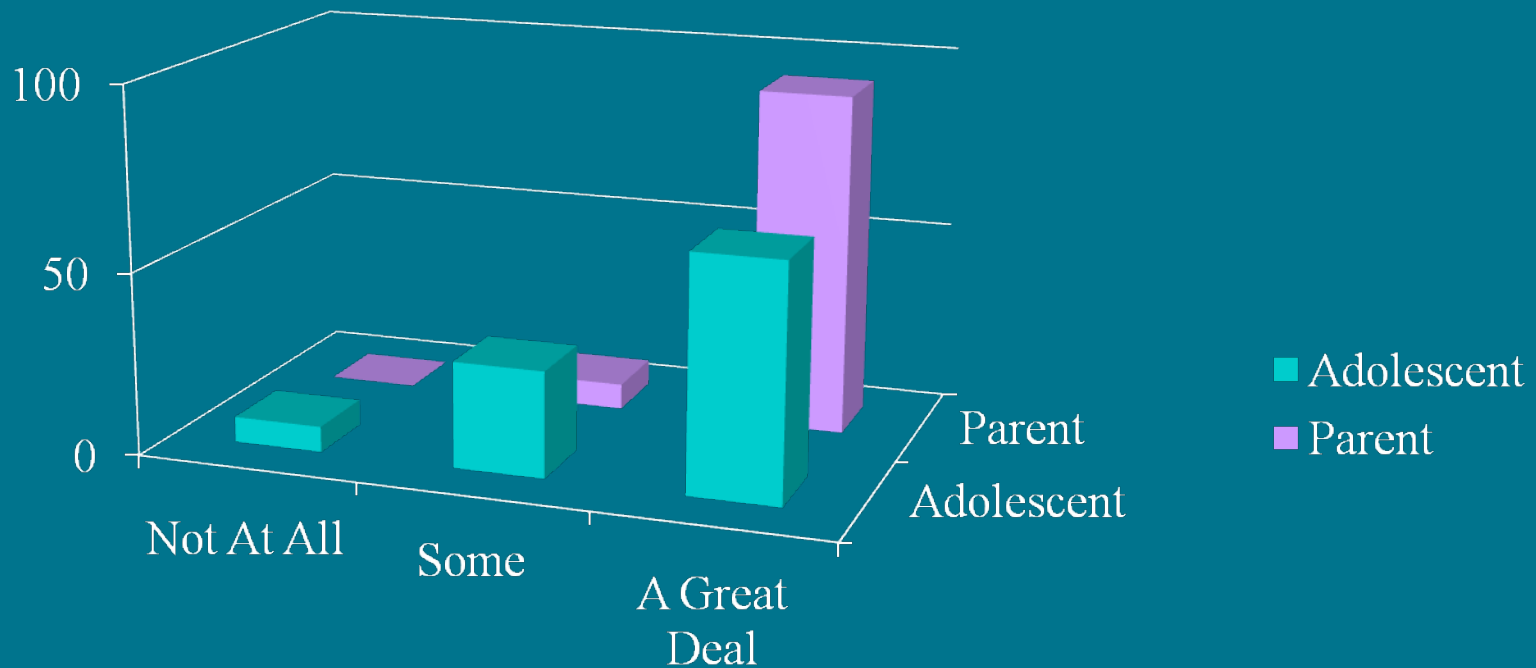
# How Frequently Did You Use The Laptop?



# Do You Feel That The Information Provided By The Laptop Was Helpful?



# Do You Feel That Having the Counselor Automatically Receive Your Answers During the Videos Was Helpful?



# Acknowledgements

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# CIFFTA Team



η,

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