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

<table>
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<tr>
<th>Development and testing of family-based interventions</th>
<th>Community partnerships</th>
<th>Mentoring of students and young professionals</th>
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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

Santisteban, Szapocznik, Perez-Vidal, Kurtines, Murray & LaPerriere, 1996
Engagement Activity Prior to the First Face to Face Meetings

Father  Adolescent  Mother  Therapist

All Family members are needed

Will someone be difficult to bring in?

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 that did the group counseling kids on both presenting problems:
  
  ● Adolescent conduct problems at home
  
  ● Adolescent delinquency with peers
  
  ● Adolescent drug use
Reliable Change Plus Movement into Normal Range

BSFT  GC

20%  0%  11%  2%

5%  25%  18%  6%

18%  6%  5%  0%

2%  0%  50%  17%

15%  17%  50%

Reliable Improvement

Reliable Deterioration

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

Individualized Treatment Based on Age

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: no
- 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: no

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
- Parenting
- Separations
- ADHD
- Acculturation
- Teen Dating
- Depression
- HIV
- Drugs

Adolescent
- Anger Control
- Interpersonal Effectiveness
- HIV
- 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

![Graph showing the impact of Family Therapy (TFT) and Enhanced/Integrated Intervention (CIFTA) on drug use before and after the intervention. The y-axis represents drug usage, ranging from 0 to 12, and the x-axis represents time, with 'Pre' and 'Post' markers. The TFT line shows a decrease in drug use from pre to post, while the CIFTA line shows a more significant decrease.](image-url)
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)
- Culturally Informed and Flexible Family-based Treatment for Adolescents (CIFFTA)
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 the next face-to-face sessions. Face to face sessions were cut down from about 18 to about 10.
Login here using your username and password

Username: dsuser1
Password: [*] [Login]
Language/Idioma ▶ Select Language/Seleccione Idioma

MENU-Español

MENU-English
Select a Topic by clicking below:

- News forum
- My Goals

Scroll down to see a complete list of topics.

- Introduction
- Depression
- Parenting: Communication and Self Esteem
- Smoking Alcohol and Drugs
- ADHD
- Healthy Lifestyles
- Healthy Dating Relationships
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 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?

- Adolescents
- Parent

Never: 0
1-2 per Month: 10-20
Weekly: 30-40
Daily: 50-60
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?
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