

**Name of Program/Strategy: Home-Based Behavioral Systems Family Therapy**

**Report Contents**

1. Overview and description
  2. Implementation considerations (if available)
  3. Descriptive information
  4. Outcomes
  5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
  6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
  7. Who is using this program/strategy
  8. Study populations
  9. Quality of studies
  10. Readiness for Dissemination
  11. Costs (if available)
  12. Contacts for more information
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**1. Overview and description**

This family therapy approach is used with families of juvenile offenders, between 6 and 18 years of age, and those at risk for juvenile offending and substance abuse. It is a brief structured model delivered in five phases by paraprofessionals and professionals in the participants' home. It is a modification of the Functional Family Therapy model. The orientation is psychoeducational and relies on reducing families' defensiveness, assessing their needs coincident with healthy family relationships, and skills training for parents and teens. Technical aids such as the Parenting Wisely CD-ROM program and videotapes are used at the beginning of treatment to increase commitment to the therapy as well as decrease time in treatment.

The five phases of the program are (1) introduction/credibility, (2) assessment, (3) therapy, (4) education, and (5) generalization/termination. In the early phases, therapists are less directive and more supportive and empathic than in the later phases, when the family's cooperation and resistance is more conducive to increased therapist directiveness. This adapted model has been applied to multipleoffending, institutionalized delinquents, and targets families with lower educational levels and higher levels of pathology than the original Functional Family Therapy Model developed.

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Long-range program outcome objectives include: reduced child involvement in the juvenile justice system; reduced self-reported delinquency; reduced teen pregnancy; reduced special class placement; increased graduation rates and; increased employment. Intermediate objectives include: decreased family conflict; increased cohesion; improved communication; improved parental monitoring, discipline, and support of appropriate child behavior; improved problem-solving abilities; improved parent-school communication; improved school attendance and grades and; improved child adjustment.

## **2. Implementation considerations (if available)**

## **3. Descriptive Information**

<b>Areas of Interest</b>	Substance abuse prevention Violence prevention
<b>Outcomes</b>	
<b>Outcome Categories</b>	Alcohol Drugs Crime/delinquency Tobacco Violence
<b>Ages</b>	6-12 (Childhood) 13-17 (Adolescent) (13-18 specifically)
<b>Genders</b>	Male Female
<b>Races/Ethnicities</b>	American Indian or Alaska Native Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
<b>Settings</b>	Home
<b>Geographic Locations</b>	Urban Suburban Rural and/or frontier
<b>Implementation History</b>	

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<b>NIH Funding/CER Studies</b>	
<b>Adaptations</b>	Modifications were made for families in Appalachia and for inner-city African American families.
<b>Adverse Effects</b>	
<b>IOM Prevention Categories</b>	Indicated

## **4. Outcomes**

**5. Cost effectiveness report** (Washington State Institute of Public Policy – if available)

**6. Washington State results** (from Performance Based Prevention System (PBPS) – if available)

**7. Where is this program/strategy being used (if available)?**

<b>Washington Counties</b>	<b>Oregon Counties</b>
	Lane

## **8. Study Populations**

## **9. Quality of Research**

The first evaluation of this program was based on treatment of twenty-seven 14- to 16-year-old, court-selected delinquents who were considered likely to recidivate and/or to be placed out of the home. After a 2- to 2½-year follow-up period, recidivism for the treatment group was 11 percent versus 67 percent for the control group. The subjects in this study were followed for another 32 months into adulthood. The treatment group showed a 9 percent recidivism rate for criminal offenses versus 45 percent for the control group. The second evaluation was conducted with 40 juveniles referred to the treatment program because they were the most serious, chronic offenders in the county. Upon an average of 18 months following the end of treatment, 30 percent of treated delinquents reoffended and 12 percent required another institutional commitment. A constructed statistical control group, based upon risk of recidivating, would be expected to have a 60–75 percent recidivism rate and a recommitment rate of 50–60 percent.

### **Supplementary Materials**

Gordon, D. A., and Arbutnot, J. (1987). "Individual, Group and Family Interventions." In Herbert C. Q. (ed.), *Handbook of Juvenile Delinquency*. New York: John Wiley & Sons, pp. 295–324.

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## **10. Readiness for Dissemination**

## **11. Costs**

## **12. Contacts**

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