

New Directions in the Treatment of Troubled Hispanic Youth

With the high number of youth in need of treatment for behavioral, mental health, and substance abuse problems, there is a continuing need for well-designed, culturally-informed, and replicable evidence-based treatments. In the treatment of child and adolescent behavior problems and substance abuse, family therapy approaches are prominent among the lists of empirically supported and evidence-based treatments. The purpose of this article is to present some of the new directions our team is taking to improve the effectiveness of interventions designed to address the needs of our nation's youth.

Why Family Therapy?

Much of the work of our Center for Family Studies has focused on family-based interventions for children and adolescents. The emphasis on family work stems from a literature that highlights the important role of family factors in healthy development, and in the emergence and/or treatment of adolescent behavior problems. Such factors include family support and conflict, communication, parent-youth attachment, and effective monitoring. Of course, association does not necessarily imply causation. That is, many have mistakenly used language that suggests that child and adolescent problems are always "caused" by family dysfunction. This type of thinking disregards the fact that children can be born with



vulnerabilities toward such things as aggressiveness and impulsive behavior that can trigger problems very early in life. In some instances, maladaptive family patterns of behaviors can result from child behavior problems and family stress while in other instances the family patterns may precede and contribute to the behavior problems. In all cases, however, we strongly accept the premise that regardless of which came first—the family maladaptive patterns or the child behavior problems—the ability to strengthen and fine-tune family relational patterns can have a powerful effect in ameliorating the presenting problem and changing the direction of youth development toward health-

ier outcomes.

While much of the successful work that emerged from our Center for Family Studies focused on Brief Strategic Family Therapy with Hispanic youth and families,^{3,8,7} other research that has demonstrated the benefits of family therapy has included youth and families of many different races and ethnicities, and has led to the conclusion that the benefit of family work is not limited to one or another ethnic or racial group.⁶

Enhancing Interventions

At the same time that some teams within our Center for Family Studies are focusing on issues of testing and disseminating Brief Strategic Family Therapy on a wide-scale basis, the authors of this article have embarked on a line of work that focuses primarily on enhancing the impact that treatments have on families and youth.

Why worry about improving treatments that are already evidence-based?

Clinical researchers who have been testing treatments to find out what works best for children and adolescents acknowledge that there is still much room for improvement. Although we now have treatments that have been shown empirically to work much better than others and are therefore good candidates for dissemina-

tion, even the best treatments appear to provide substantial improvements to only about half of the participants. Tests of clinically significant change, which move beyond group means to document the percent of cases with substantial pre- post-treatment change, have shown that 40-50% of cases do not improve substantially.

An important assumption of our treatment development work is that too often we depend on a “one size fits all” mentality that assumes that a given treatment should work to its maximum effectiveness without being tailored to the unique characteristics of the clients. Our new line of work attempts to move closer to a tailoring of integrated adolescent treatments to the unique needs of families in a “flexible treatment manual” approach.

With funding from the National Institute on Drug Abuse, our team has undertaken the task of developing and testing enhanced treatments that may have the potential for succeeding with a great number of youth and families. Two efforts that our team has undertaken have focused on better addressing: 1) the needs of youth with severe co-occurring psychiatric disorders⁴ and 2) the unique needs of Hispanic families and youth who are faced with major acculturation- and immigration-related stressors.⁵ There are two important features that these treatments share. The first is the idea of a “flexible manual” which gives the clinician choices of treatment modules or components that can be selected only if the adolescent and family appear to require them. The second is that the treatments augment the family therapy models with individual-level work that attempts to accelerate adolescent development. Our newer interventions have incorporated: 1) Motivational Interviewing techniques that trigger the adolescent’s own interests and planning, and 2) skills development approaches that teach adolescents to be more effective in their interpersonal relationships with peers and adults. In the remainder of this article we will describe some of the more unique characteristics of these newly-designed treatments.

Addressing Co-Occurring Disorders

One of the biggest challenges to the treatment of adolescents is the often-found constellation of major co-occurring psychiatric disorders such as substance abuse, conduct disorder, depression, ADHD, and anxiety. These co-occurring disorders are particularly problematic because one symptom can trigger another and cause disruptions in treatment progress. For example, depression can trigger a relapse after a period of abstinence from drug use, or a drug relapse can trigger a sequence of explosive and violent behavior. The interplay between symptoms requires that several symp-

approaches to be highly promising. This work is described in full detail in the article by Santisteban, Muir, Mena and Mitrani.⁴

Responding to Unique Cultural Characteristics of Hispanics

In our work with Hispanic youth and families we found that there are very powerful stressors that can adversely impact family functioning.⁵ For example, acculturation processes may disrupt family communication, cohesion, and parenting practices in Hispanic families. During the acculturation process, parents often find themselves shifting in their views

During the acculturation process, parents often find themselves shifting in their views regarding parenting and autonomy, and may also often be overburdened because of adaptations needed to survive in the new host culture.

toms be treated simultaneously rather than in any particular sequence. In attempting to address these treatment needs, we borrowed from Marsha Linehan’s seminal work with youth suffering from Borderline Personality Disorder to create skills training modules that help adolescents learn interpersonal skills, emotion regulation, crisis management, distress tolerance, and mindfulness. Unlike many other systemic family treatments, our work balances the family focus with an individual focus and emphasizes individual-level factors relevant to behavior problem and addiction processes (e.g., triggers to symptoms, the interactive effect of co-occurring psychiatric disorders), as well as to adolescent developmental processes (e.g., difficulties in skills development, decision-making, relationships, and the creation of life goals). In the initial stages of treatment development for these complex problems, we have not restricted our work to Hispanics but have worked with a more diverse population of youth and families. As we move forward, we will investigate the ways in which culture-related information can be efficiently integrated into the treatment. We found the integration of these individual and family

regarding parenting and autonomy, and may also often be overburdened because of adaptations needed to survive in the new host culture. Figuring out precisely how to parent in a new culture to which kids acculturate much faster is not a simple matter. In fact this period of readjustment has been linked to less effective parenting practices that can directly impact behavior problems in youth.¹

Likewise, immigration-related parent-child separations can be a disruptive force in family relations and child development. Separations can result from parents who immigrate ahead of their children or must send their children ahead of them, or when families are divided because some family members cross the border to take advantage of work-related opportunities. Youth who cannot fully understand the reasons for separations can experience feelings of abandonment and loss, and a reunion can be tense and painful rather than the happy event that was anticipated.²

Our work on improving the treatment for Hispanic families has led us to create interventions that specifically target some of these unique situations that Hispanic youth and their families face. It should be noted that

while this type of work is always an option in any type of family therapy, our new approach has sought to create more systematic, structured and focused modules and components for addressing these stressors. Our Culturally Informed Family Therapy for Adolescent Treatment⁵ integrates family, individual, and psychoeducational interventions. Thematic/psycho-educational modules provide families with educational content, a vocabulary, and a frame that links key culture-related, family process, and behavior problem and substance abuse themes. Modules focus on such things as parenting practices in a new culture, how to survive immigration-related separations, moving toward biculturalism, and how parents can be successful advocates in the school or legal systems. By creating a better fit between the content of therapy and the unique experiences of any given family, we believe that the treatment will be more attractive and effective with Hispanic families and that therapists will be more satisfied with their treatment options.

types of clients. We must also better understand the types of treatment tailoring that can optimize the impact of adolescent family-based treatments in the face of complexities such as co-occurring psychiatric disorders and unique cultural realities.



Conclusions

In this article we have described some of the new directions that we are taking to improve on the treatments available for troubled adolescents and their families. There is much that we know about working with troubled kids but there is also much yet to be learned. Because we know that a co-occurring disorders profile is more the rule than the exception with severe behavior-problem youth, treatments must be able to handle this complexity. Likewise, we know that factors related to race and ethnicity can indeed impact how symptoms develop, how they are understood and reported, and how they should be treated. In our newest line of work, we have begun to create integrated family-individual-psychoeducational treatments that provide therapists with options for addressing issues of co-occurring disorders and culturally-related characteristics.

As with many other treatment research questions, future research should seek to identify which treatment models work best for which

References

1. Gil, A. G., Wagner, E. F., & Vega, W. A. (2000). Acculturation, familism, and alcohol use among Latino adolescent males: Longitudinal relations. *Journal of Community Psychology, 28*, 443-458.
2. Mitrani, V. B., Santisteban, D. A., & Muir, J. A. (2004). Addressing immigration-related separations in Hispanic families with a behavior-problem adolescent. *American Journal of Orthopsychiatry, 74*, 219-229.
3. Santisteban, D. A., Coatsworth, J. D., Perez-Vidal, A., Kurtines, W. M., Schwartz, S. J., LaPerriere, A., & Szapocznik, J. (2003). The efficacy of Brief Strategic/Structural Family Therapy in modifying behavior problems and an exploration of the mediating role that family functioning plays in behavior change. *Journal of Family Psychology, 17*, 121-133.
4. Santisteban, D. A., Muir, J. A., Mena, M. P., & Mitrani, V. B. (2003). Integrative borderline adolescent fam-

ily therapy: Meeting the challenges of treating adolescents with borderline personality disorder. *Psychotherapy: Theory/Research/Practice/Training, 40*, 251-264.

5. Santisteban, D. A., Mena, M. P., & Suarez-Morales, L. (2006). Integrating ethnicity-related factors in the treatment of Hispanic adolescents and families. In H. Liddle & C. Rowe (Eds.), *Treating adolescent substance abuse: State of the science*. Cambridge University Press.

6. Sexton, T. L., Robbins, M. S., Holliman, A. S., Mease, A., & Mayorga, C. (2003). Efficacy, effectiveness, and change mechanisms in couple and family therapy. In T. L. Sexton, G. Weeks, and M. S. Robbins (Eds.), *Handbook of family therapy* (pp. 229-262). New York, NY: Brunner Routledge.

7. Szapocznik, J., Hervis, O. E., & Schwartz, S. (2003). *Brief Strategic Family Therapy for adolescent drug abuse*. [NIH publication no. 03-4751; NIDA Therapy Manuals for Drug Addiction Series]. Rockville, MD: National Institute on Drug Abuse.

tion on Drug Abuse.

8. Szapocznik, J., Rio, A., Murray, E., Cohen, R., Scopetta, M. A., Rivas-Vasquez, A., Hervis, O. E., & Posada, V. (1989). Structural family versus psychodynamic child therapy for problematic Hispanic boys. *Journal of Consulting & Clinical Psychology, 57*, 571-578.

Authors

Daniel A. Santisteban (dsantist@med.miami.edu) is a Research Professor in the Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine.

Maite P. Mena is a Research Assistant Professor at the Department of Psychiatry and Behavioral Sciences, University of Miami Miller School of Medicine.

This work was funded by National Institute on Drug Abuse Grant Numbers 1 RO1 DA 13104 and 1 RO1 DA 019057.