

# Family Behavior Therapy: An Evidenced-Based Approach for Adult and Adolescent Substance Use

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FAMILY SERVICES OF NW PA

# Learning Objectives

- ▶ Define Family Behavior Therapy Model (FBT)
- ▶ Understand how a Behavioral Therapy component can enhance D&A Treatment as usual to support recovery and increase in-home safety/stability for Adults/Caregivers and Adolescents with Substance Use concerns.
- ▶ Understand current FBT program through FSNWPA service delivery and appropriate clientele for the program
- ▶ FSNWPA FBT Success Stories

# FBT Team and Service Delivery Areas

Anna Stright, MS LPC CFBT– Program Supervisor

Sue Ellen Helmbreck, MA CFBT – Program Trainer,  
Consultant and Lead Clinician

Tiffany Barker, MS NCC CFBT – Erie County FBT  
Therapist

Heather Berry, MSW – Crawford County Therapist

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Jessica Jamison, LSW Director of Programs

Family Service of NW PA provides Family Behavior  
Therapy (FBT) in Erie, Crawford and Mercer counties

# What is Family Behavior Therapy?

- ▶ FBT is a type of behavior therapy. It is evidence based for the population of individuals who have substance use problems.
- ▶ FBT can be used to address other problem behaviors such as
  - ▶ Conduct and Mood disorders
  - ▶ Family Dysfunction
  - ▶ Unemployment
  - ▶ Communication
  - ▶ Anger Management.

**FBT is not classified as a Drug and Alcohol treatment program. We provide in-home stabilization and behavioral interventions, which can assist in keeping a child in the home or return a child who has been removed.**



# Prevalence of Maternal Substance Use in the Child Welfare Population

“Among 46,484 mothers, the prevalence of maternal Substance Use Disorder (SUD) was estimated at 62% within the child welfare system population”

“Formal child welfare intervention—in-home services or foster care services—was associated with increased probability of outpatient and inpatient treatment for SUD.”

“Ensuring families’ access to SUD treatment programs and improving treatment adherence has been identified as a critical need for child welfare and family policy.”

Mother’s who received a formal intervention had a higher probability of monthly outpatient and inpatient SUD treatment in the 12 months after referral.

# Theoretical Basis

**Problem behaviors, such as substance use, are conceptualized to occur through positive & negative reinforcement enhanced by:**

- Modeling**
- Encouragement & guidance**
- Physiological & situational prompts**
- Insufficient reinforcement for non-problem activities-Remoteness/uncertainty of neg. consequences of problem behavior**

# Evidence for FBT



**“FBT group showed significantly greater improvements in alcohol use, conduct problems, family functioning, work/school attendance, depression, and parental satisfaction with youth. “**



**“Follow up study showed that at 6 months, 9% improvement in those who received supportive counseling and 73% improvement in those treated with FBT.”**

## ► Controlled Drug and Alcohol Studies

► Azrin, Acierno et al., 1996; Azrin, Donohue et al., 2001; Azrin, Donohue et al., 1994; Azrin, McMahon et al., 1994; Donohue, Azrin et al., 1998

## ► Uncontrolled Drug and Alcohol Studies

► Donohue, Romero et al., 2010; Donohue & Azrin, 2002; LaPota, Donohue, Warren, & Allen, 2011; Romero, Donohue, Allen, 2010; Romero, Donohue et al., 2010



# Evidence for FBT

“FBT is the only evidenced-based treatment shown to be effective with co-occurring substance abuse and child neglect with mothers using hard drugs.”

“Overall, FBT was more effective than supportive treatment with positive results regardless of gender, ethnicity, or type of substance.”

- ▶ Controlled Drug and Alcohol Studies

- ▶ Azrin, Acierno et al., 1996; Azrin, Donohue et al., 2001; Azrin, Donohue et al., 1994; Azrin, McMahon et al., 1994; Donohue, Azrin et al., 1998

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# Who can be referred?

- ▶ Youth FBT model is geared towards youth/adolescents as soon as a substance use problem is identified. Youth FBT must have a participating caregiver in the home and open Child Welfare or Juvenile Probation.
- ▶ Adult FBT- any adult who has a child open with Child Welfare services; who also has a documented substance use problem.
- ▶ To receive FBT, the client must receive drug and alcohol treatment from a licensed provider. If clients are not receiving treatment and a referral is made to FBT, we encourage treatment through a licensed provider.
- ▶ FBT can enhance D&A treatment provided through an outpatient facility. FBT can be a stand-alone program, if the individual has already completed D&A treatment or was evaluated and not recommended for a D&A Level of Care.

# Frequency and duration of Services

Typical length of service is 6-12 months meeting 2-3 times weekly.

First 30 days of treatment are more intense due to needing to complete assessments and treatment planning.

Services generally decrease in intensity as clients get closer to discharge.



Meet  
Jennifer  
and  
Ryan

# Mechanisms of Change

Interventions attempt to prevent antecedent conditions that facilitate substance use & other problem behaviors by:

Enhancing social relationships and skills needed to establish abstinence and pro-social behavior.

Teaching strategies to manage urges and impulsive behaviors that reduce the likelihood for substance use and other problem behaviors to occur.

Allowing negative consequences for substance use and other problem behaviors.

# Therapeutic Style and Approach

Differential Reinforcement

Descriptive Praise

Eliminate Blame- Blame the Situation or Environment

Learn by Doing (Role-playing)

Involve Significant Others

Target Antecedents to Problem Behavior

Permit Negative Consequences to Occur After Undesired Behavior

# Additional components/ approaches



Therapy Assignments



Significant Other Support



The HEARD (Hear, Empathize, Alternatives, Review, Decide)



Phone contact in-between appointments



Pre/Post Assessments

# Model Integrity

- ▶ Family Behavior Therapy Certification process
  - ▶ Model Specific Training
  - ▶ Audio/Video Review of Interventions
  - ▶ 80% or greater adherence for competency
- ▶ Weekly Clinical Consultation
- ▶ Programs that utilize standardized manuals and evaluate intervention integrity are consistently rated better than those programs that do not (Moyer, Finney, & Swearingen, 2002).

## SELF CONTROL Therapist Prompting Checklist Initial Session

Client Name:

Date:

### Materials Required

- Self Control Rating Form (SCRF), 1 copy for therapist, 1 copy for client

**Note:** Although this checklist will be utilized to target substance use and problem behaviors, Self Control (SeC) is robust, and may be utilized to ameliorate various impulsive/compulsive behaviors such as HIV risk behaviors, school truancy, symptoms associated w/ mental health problems, aggression, arguments, aversive thoughts associated w/ traumatic experiences, etc.

### Rationale (client & adult significant others)

- Review the following:
  - \_\_\_ a. SeC assists in decreasing substance use & other problem behaviors.
  - \_\_\_ b. SeC improves recognition of cues that signal urges or desires to use substances that may lead to problems.
  - \_\_\_ c. SeC assists in learning to generate effective alternatives.
  - \_\_\_ d. Solicit how SeC will be useful.
  - \_\_\_ e. Explain how SeC is expected to be useful.
  - \_\_\_ f. Solicit a& answer questions.

### Identification of At Risk Situation for Drug Use (usually client alone)

- Explain each of the following:
  - \_\_\_ a. Things in the environment that lead to substance use called triggers.
  - \_\_\_ b. Brainstorm substance use triggers for the client.
  - \_\_\_ c. Easier to stop substance use urges or desires when these triggers are 1<sup>st</sup> recognized and intensify.
  - \_\_\_ d. Practice trials will be performed "thinking out loud" to assist in managing triggers and substance use.
  - \_\_\_ e. Solicit recent situation in which substance use urges or use occurred.
    - If client resistant, choose item from Environmental Control At-Risk list and discuss situation.
  - \_\_\_ f. Assist client in identifying 1st thought of substance use in solicited situation (using cue chaining).

# Format of Intervention Components

Each intervention component includes:

Manual

- Detailed explanation of how to implement each intervention

Initial Session Protocol

- Step by step checklist used 1<sup>st</sup> time an intervention is implemented
- Helpfulness and compliance ratings

Future Session Protocol

- Step by step checklist used for interventions in subsequent sessions

Worksheets

- Assist clients in understanding interventions

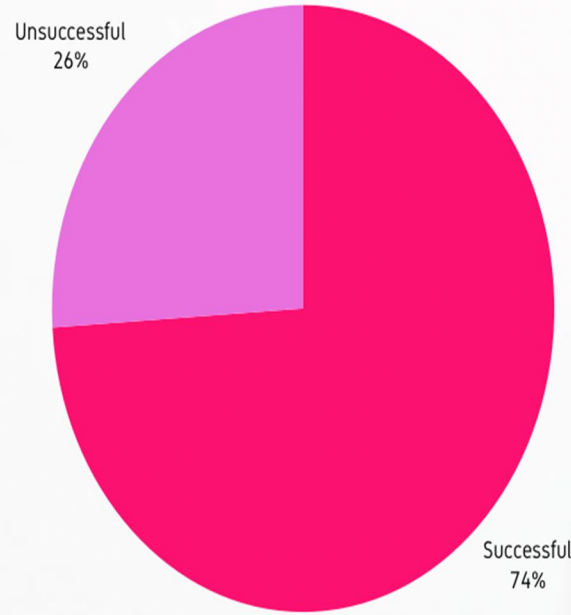
Practice Assignments

- Homework assignments for client & family to practice skills outside sessions

# FBT Treatment Interventions

- ▶ Substance use Specific Interventions:
    1. Behavioral Goals – Weekly Goals and Rewards
    2. Environment Stimulus Control
    3. Self-Control
  
  - ▶ Communication Goals:
    1. Positive Request
    2. I've Got a Great Family
  
  - ▶ Stability Goals:
    1. Job Getting Skills Training
    2. Financial Management
  
  - ▶ Parenting Intervention: (parenting can be a trigger)
    1. Child Compliance
    2. Positive Practice
    3. Catch my Child being Good
- Behavioral Goals – Adult
  - Level System- Adolescent
  - Consequence Review- Adolescent

# FSNWPA FBT Outcomes FY 23-24

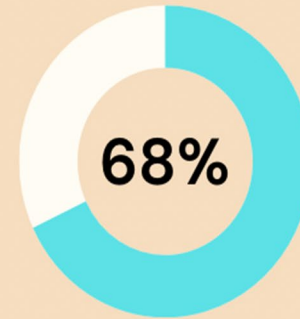


**SUCCESSFUL CLOSURES**

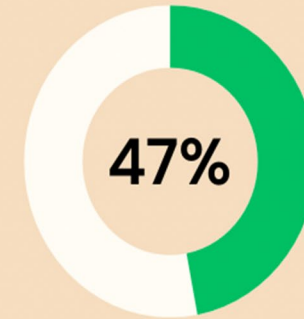
**UNSUCCESSFUL CLOSURES**

**FBT FY 23-24 All  
Counties**

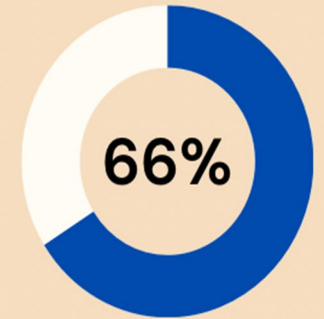
## INTERMEDIATE OUTCOMES ALL COUNTIES



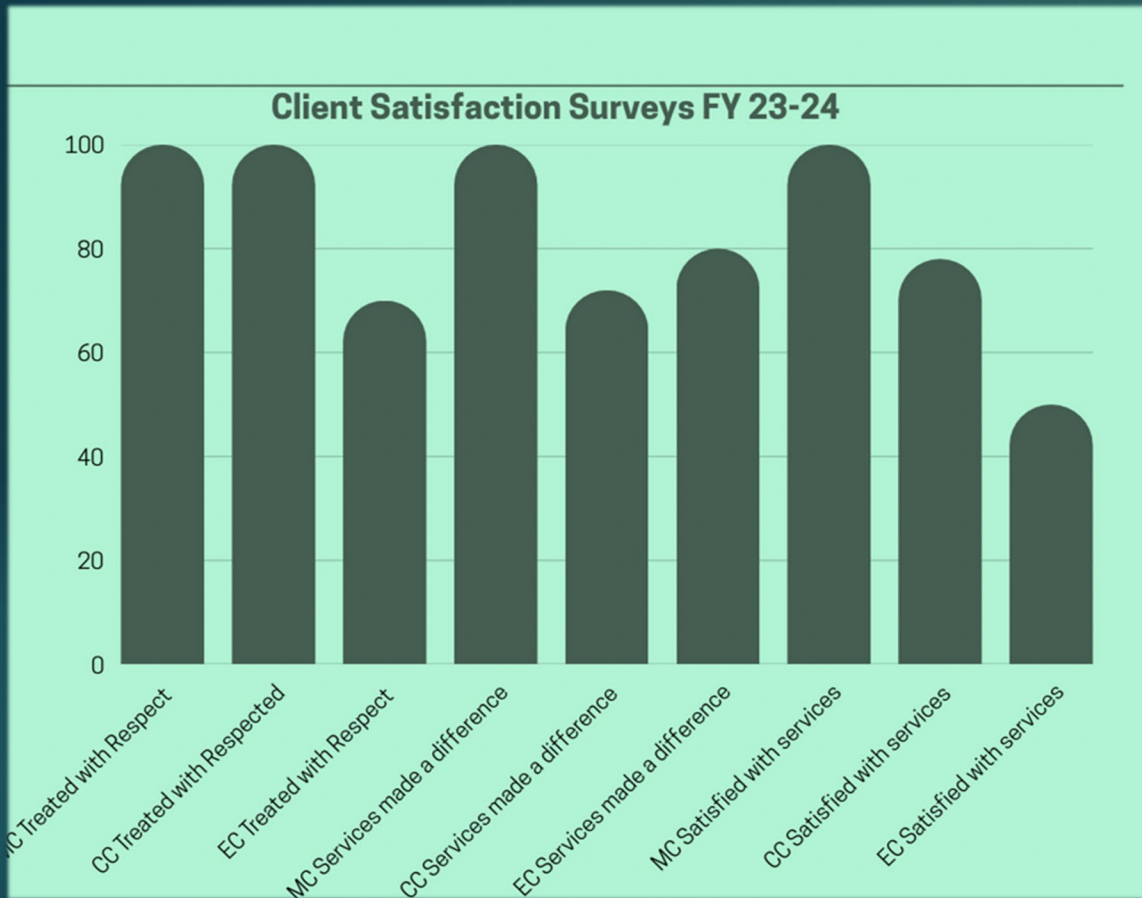
68% of clients closed had maintained sobriety for the last 60 days of treatment



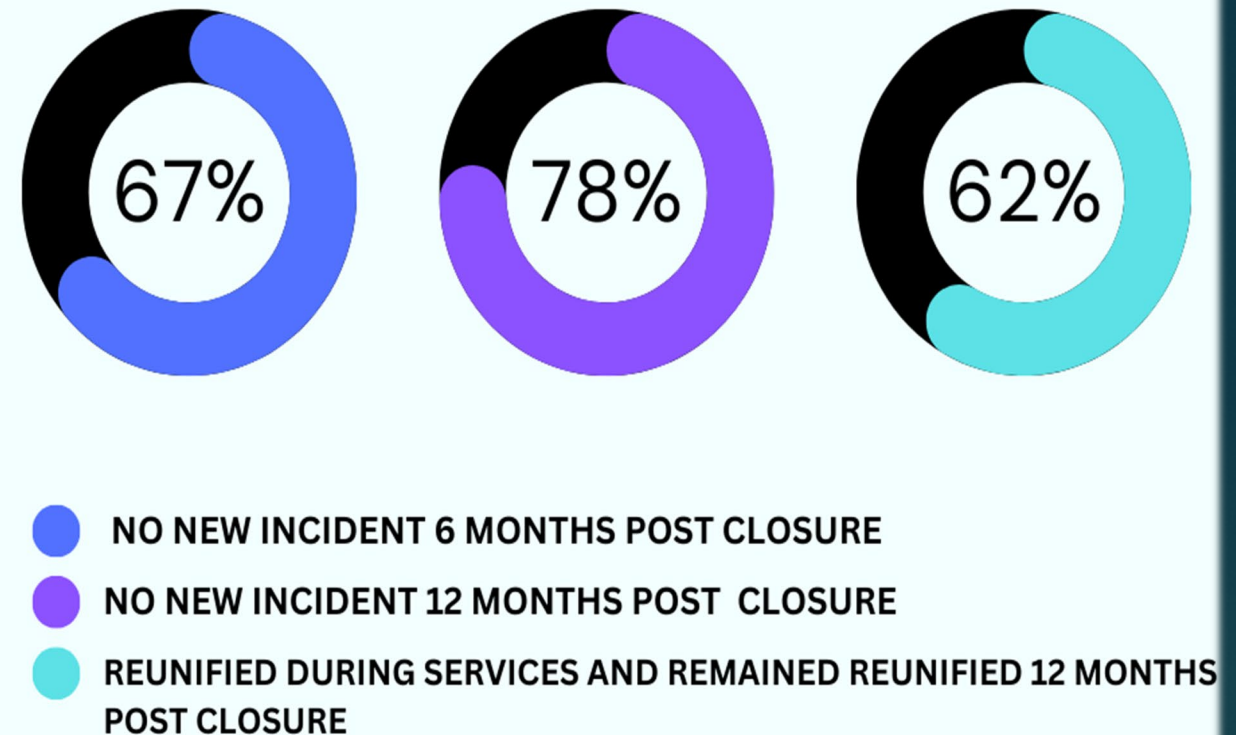
47% of clients reduced abuse potential as evidenced by a reduction in their scores on the Child Abuse Potential Inventory Assessment



66% of clients completed 1 or all of the following: increased parenting skills, improved stability/basic needs and increased coping.



## ERIE COUNTY LONG TERM OUTCOMES FY 24-25



# FBT Outcomes



Meet  
Sara

# How to Make a How to make a Referral

**Mercer County – Referrals can be made by Mercer County CYS and Mercer County Juvenile Probation. Referrals are internally authorized by the Program Specialist and then emailed to FBT Program Supervisor.**

**Crawford County- Referrals can be made by Crawford County CYS and Crawford County Juvenile Probation. Crawford County CYS referrals are internally authorized and then email to FBT Program Supervisor. Crawford County Juvenile Probation submits completed referral forms directly to FBT Program Supervisor.**

**Erie County- Referrals can be made by Erie County OCY Intake and Ongoing Caseworkers by filling out a referral form and emailing to FBT Program Supervisor. Referrals can also be made through Erie County Care Management's (ECCM) screening and assessment process if referred by Erie County OCY.**

**Appropriate for FBT:**

**As a step-down from inpatient substance use treatment  
Individuals who are recommended and/or receiving an  
outpatient D&A LOC.**

**Stand-alone FBT can be provided if individuals have completed  
D&A treatment and/or have not been recommended for D&A  
treatment.**

# Inappropriate FBT Referrals

- **Clients who are actively using drugs and/or alcohol, with no statement of desire to make changes, would not be considered an appropriate referral for FBT services.**
- **Clients who have a current Level of Care recommendation for inpatient substance use treatment would not be considered an appropriate referral for FBT services.**
- **Clients who have intellectual disabilities, severe cognitive impairment and active psychosis, may not be appropriate for FBT services and their appropriateness would be evaluated on a case-by-case basis. These clients were shown to have poor outcomes and would likely be inappropriate for FBT services.**

# Program Goals and Future Direction

- ▶ Erie County is growing, program is adding an additional fulltime therapist.
- ▶ Looking to expand funding sources for all counties, for example, Opioid funds etc.
  - ▶ 41% of Crawford County FBT clients struggled with Opioid Use
  - ▶ 75% of Mercer County FBT clients struggled with Opioid Use
  - ▶ 46% of Erie County FBT clients struggled with Opioid Use
- ▶ Program needs engagement from counties for collection of long-term outcomes.
- ▶ Program is working to change pre/post outcome assessment for the adult model so that the results will translate to other funding sources.

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