

ORIGINAL ARTICLE

Effectiveness of Scene-Based Psychodramatic Family Therapy (SB-PFT) in adolescents with behavioural problems

Jesús Maya¹  | Victoria Hidalgo²  | Lucía Jiménez²  | Bárbara Lorence² 

¹Department of Psychology, University of Jaen, Jaén, Spain

²Department of Developmental and Educational Psychology, University of Seville, Seville, Spain

Correspondence

Victoria Hidalgo, Department of Developmental and Educational Psychology, C/ Camilo José Cela s/n 41018, Seville, Spain.
Email: victoria@us.es

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Abstract

Scene-Based Psychodramatic Family Therapy (SB-PFT) is a multiple-family intervention for adolescents with behavioural problems implemented by Child Welfare Services in Spain. This intervention is aimed at promoting adolescent well-being. The aim of this study was to evaluate the effectiveness of SB-PFT in 17 trials, measuring its impact on the emotional intelligence, parental attachment, peer attachment and antisocial behaviour of 216 adolescents (109 participating in the intervention and 107 in the control group). Repeated measures ANOVAs for pretest/posttest differences and long-term growth models were estimated. In the short term, the intervention had a positive impact on emotional intelligence and had a stabilising effect on parental attachment, whereas the long-term results showed significant logarithmic growth in emotional intelligence and exponential growth in parental attachment and a decrease in antisocial behaviour. However, no changes in peer attachment were shown. This study demonstrates SB-PFT to be a potentially effective intervention for adolescents with behavioural problems and emphasises the importance of fostering emotional intelligence.

KEYWORDS

adolescence, antisocial behaviour, Child Welfare Services, effectiveness, emotional intelligence, parental attachment

1 | INTRODUCTION

Adolescence is a developmental period in which several biological, cognitive, and psychosocial changes take place (Dishion & Stormshak, 2007). Scientific evidence demonstrates that adolescents can have diverse developmental trajectories, ranging from those who exhibit positive development to others who exhibit problematic behaviours (Jelicic et al., 2007; Phelps et al., 2007). A North American study found that 13.3% of adolescents increased their risk behaviours during these years, such as substance abuse or law-breaking (Zimmerman, Phelps, & Lerner, 2008). In fact, in the USA, an estimated 10% of adolescents are in the judicial system (Sexton, 2011). In Spain, according to official data from the National Institute of Statistics (2019),

adolescents with judicial proceedings increased 4.8% between 2016 and 2017.

Before committing illegal actions, adolescents may manifest other problematic behaviours in the family context (e.g. disobedience to parents), in the social context (e.g. aggressiveness towards peers) and in the school context (Alexander, Waldron, Robbins, & Neeb, 2013; Fosco, Lippold, & Feinberg, 2014). Interventions designed specifically to meet the needs of adolescents with behavioural problems could be an effective measure for promoting their and their families' healthy adjustment (Sexton, 2011). Consequently, current European public policies include interventions focused on reducing problematic behaviours, as well as promoting adolescent and family well-being (Jiménez, Antolín, Lorence, & Hidalgo, 2019). This study offers evidence regarding the impact of one specific

intervention on adolescents with behavioural problems: Scene-Based Psychodramatic Family Therapy (SB-PFT; Maya, Jiménez, Lorence, del Moral, & Hidalgo, 2018; Maya, Lorence, Hidalgo, & Jiménez, 2018).

1.1 | Emotional intelligence and parental attachment in adolescents with behavioural problems

Adolescents with behavioural problems are characterised by conducts such as verbal and physical aggression, noncompliance, coercion, school problems, truancy and oppositional behaviours (Alexander et al., 2013; Liu, 2004; Sexton, 2011). Empirical evidence shows that these problematic behaviours may be associated with a lower development of emotional intelligence and poor parental attachment (Cobos, Flujas, & Gómez, 2017; Pinquart, 2017). This association is hardly surprising given that both emotional intelligence and parental attachment are two key aspects of adolescent development that predict their personal, family and social adjustment (Allen, Porter, McFarland, McElhaney, & Marsh, 2007; Andretta, McKay, Harvey, & Perry, 2017; Cobos et al., 2017).

Emotional intelligence is defined as the ability to express, understand and control one's own emotions and those of others, resolve everyday problems, manage stress and maintain an appropriate mood (Bar-On, 2006; Bar-On & Parker, 2000; Salguero, Palomera, & Fernández-Berrocal, 2012). Most of the available evidence shows an association between adolescent's positive results in intrapersonal intelligence, interpersonal intelligence, stress management and general mood and fewer problematic behaviours such as aggression and delinquency (Hessler & Katz, 2010; Zavala & López, 2012). In fact, the diagnosis of conduct disorder should specify whether prosocial emotions are limited (APA, 2013). Thus, interpersonal intelligence seems to be one of the variables with the greatest predictive capacity for problem behaviours, and in addition, low empathy is a warning signal for the exhibition of these behaviours (Cobos et al., 2017). Nonetheless, the predictive capacity of emotional intelligence regarding adolescent behaviour problems has recently been questioned, as some authors have found that stress management is the variable that best predicts adolescent adjustment (Davis & Wigelsworth, 2018). Therefore, personal variables such as low emotional intelligence or low self-control as well as contextual variables such as the presence of stressful events could be interpreted as 'warning signs' for professional to begin intervention (Maya, Lorence, et al., 2018).

Regarding the adolescent's attachment with other significant people in their life, Armsden and Greenberg (1987) defend that these connections are based on the adolescent's perception of communication, trust and alienation in their relationship with others. Along these lines, parental attachment has been associated with fewer behaviour problems and higher prosociality in adolescents and more resilience in adulthood (Laghi, Pallini, Baumgartner, Guarino, & Baiocco, 2016; Rasmussen et al., 2019; Tambelli, Laghi, Odorisio, & Notari, 2012). In this sense, Allen et al. (2007) observed an increase in hostile and externalising

What is known about this topic

- There is a need to intervene with adolescents with behavioural problems and their families enrolled in Child Welfare Services.
- Emotional intelligence and parental attachment are important for adolescent well-being.
- SB-PFT as an intervention widely implemented in Spain and shows positive preliminary results.

What this paper adds

- This study is the most thorough effectiveness evaluation of SB-PFT to date.
- This study provides evidence on the importance of promoting emotional intelligence and parental attachment in adolescents with behavioural problems.
- The results of this study are promising regarding the potential effectiveness of SB-PFT and its possible implications for community practices.

behaviours as parental attachment levels decreased. Although the predictive capacity of parental attachment for problematic adolescent behaviour has been widely studied, the important role of peer relationships in adolescent well-being should not be overlooked given that influence of friends increases considerably during adolescence (Dishion & Owen, 2002). Peer relationships influence the construction of adolescent beliefs and identity (Wilson & Wilkinson, 2012). Nevertheless, the evidence generally shows a stronger relationship between problematic behaviours and low parental attachment than with peer attachment (Laghi et al., 2016; Tambelli et al., 2012).

Likewise, parental attachment and emotional intelligence seem to be closely associated throughout adolescence. Evidence shows that parental attachment is associated with higher empathy, control of emotions and ultimately, with better emotional intelligence (Cobos et al., 2017; Laible, 2007).

1.2 | Interventions focused on adolescents with behavioural problems

Only a small number of the interventions aimed at adolescents with problematic behaviours are evidence based. Specifically, Multisystemic Therapy (MST; Henggeler, Schoenwald, Bordin, Rowland, & Cunningham, 2009) and Functional Family Therapy (FFT; Sexton, 2011) are among the family-based interventions for adolescents with behavioural problems and their families that the Blueprints for Healthy Youth Development classifies as 'proven' (<https://www.blueprintsprograms.org/>).

In order to demonstrate an intervention's effectiveness, the Society of Prevention Research proposes a series of standard international guidelines (Gottfredson et al., 2015): (a) an intervention's

effectiveness should be evaluated through different applications; (b) the impact of the intervention should be tested through a pretest, posttest and a follow-up evaluation of the participants, and compared with a non-participating control group with psychometrically sound measures; (c) statistical analysis must show legitimate statistical statement of confidence in the results; and (d) lastly, scientific divulgation of the results must be accompanied by a detailed description of both the sample and the intervention (Gottfredson et al., 2015; Sexton et al., 2011).

The effectiveness evaluation of FFT and MST meet the above criteria. Mainly, these interventions improve family communication, favour adolescents' emotional well-being and their peer relationships, reduce antisocial behaviour and ultimately improve family relationships (Celinska, Furrer, & Cheng, 2013; Tan & Fajardo, 2017). Despite the positive effects of FFT and MST, most of the research with these interventions is limited to North America, and therefore, there is a current need to introduce new interventions into other sociocultural contexts (Robbins, Alexander, Turner, & Hollimon, 2016). Currently, in the south of Spain, a group intervention has been systematised and is receiving public funding for its implementation with adolescents with behaviour problems and their families: SB-PFT.

1.3 | Scene-Based Psychodramatic Family Therapy

SB-PFT is an intervention based on multiple-family groups that combines the theoretical principles of both family therapy and psychodrama, and is aimed at reducing adolescent behaviour problems and improving family relationships (Maya, Jiménez, et al., 2018). To achieve these goals, SB-PFT concentrates on developing adolescents' emotional intelligence – especially empathy towards their parents – and on improving parental attachment (Maya, Lorence, et al., 2018).

On a theoretical level, SB-PFT is based on the systemic principles of family therapy: build positive family communication; treat the symptom as a family problem that influences and affects all family members; and include all family members in the solution (Minuchin & Fishman, 1981; Watzlawick, Beavin, & Jackson, 1967). Likewise, SB-PFT embraces certain psychodramatic premises such as the interpersonal roles theory (Moreno, 1946). Specifically, SB-PFT points out the importance of the group cathartic process, realised through emotional release and expression, and the subsequent explanation, order and integration of these emotions (Kellermann, 1984).

On a methodological level, SB-PFT adopts a multiple-family group format, intervening with various families simultaneously (Keiley, Zaremba-Morgan, Datubo-Brown, Pyle, & Cox, 2015). Both adolescents and parents work in the same group, ranging in size between 8 and 12 families, with at least one adolescent and one parent in each family. SB-PFT consists of 10 weekly 2-hr sessions (Maya, Jiménez, et al., 2018).

Each intervention group is led by two therapists (psychologist or social worker trained in family intervention and psychodrama) and two auxiliary egos (psychologist or social worker experts in psychodrama techniques). The SB-PFT sessions follow a psychodrama design

proposal: warm-up, dramatisation and sharing (Moreno, 1946). In the dramatisation phase, the family conflicts (e.g. disagreement over rules, arguments at home) are acted out and the auxiliary egos interact with the adolescents, participating in the dramatisation by helping the adolescents to act out their conflicts, assuming the role of their parent, exchanging the role with the adolescent to foster empathy or making a change in the conflict acted out to generate new behaviours (Maya, Jiménez, et al., 2018). In fact, SB-PFT uses psychodramatic techniques such as role reversal and interpolation of resistance to ensure that the participants' catharsis and expression of emotions lead to a subsequent cognitive integration of these emotions, at the same time that behavioural modelling and training are carried out (Kipper & Ritchie, 2003).

1.4 | Current study

This present study intends to increase scientific knowledge about SB-PFT in order to provide professionals with an appropriate intervention to work with a population as specific as adolescents with behavioural problems. The main objective of this study is to obtain thorough and quality evidence on the effectiveness of SB-PFT in adolescents – both in the short and long term – in the following target variables: emotional intelligence, parental attachment, peer attachment and antisocial behaviours. Specifically, this study hypothesised that adolescents who participated in SB-PFT would show short-term improvements in emotional intelligence and attachment, a reduction in problematic behaviours, and furthermore, that these positive effects would be maintained long term following a logarithmic growth curve.

2 | METHOD

2.1 | Study design

This study is part of a general project aimed at describing, evaluating and disseminating SB-PFT in Spain. This effectiveness evaluation followed a longitudinal quasi-experimental design with an intervention and a control group. A quantitative approach was followed through the use of self-reported measures of emotional intelligence, parental attachment, peer attachment and antisocial behaviour.

The intervention group (IG) data come from implementing SB-PFT across 10 areas of southern Spain between 2015 and 2017 by Child Welfare Services. The government had identified these as priority areas for intervention development in order to ensure child and adolescent psychosocial well-being. This study took into consideration all 17 SB-PFT trials, consisting of 10 group sessions in each trial. Each adolescent from the IG participated in only one trial, and engaged an average of eight SB-PFT sessions over the course of each trial. The impact of SB-PFT was tested using pretest (time 1, T1), posttest (time 2, T2) and follow-up (time 3, T3). Adolescents in the control group (CG) did not participate in SB-PFT; however, they were evaluated for the same measures as the IG in two stages (T1 and T2).

2.2 | Participants

A total of 216 adolescents between 11 and 17 years old ($M = 14.37$; $SD = 1.47$), equally distributed by gender (109 girls and 107 boys), were evaluated; specifically, 109 in the IG and 107 in the CG.

Equivalence between IG and CG on sociodemographic, family and baseline risk characteristics was examined performing ANOVA tests for continuous variables and χ^2 tests for categorical variables. No statistical differences were found on the baseline characteristics listed in Table 1.

2.3 | Measures

2.3.1 | Sociodemographic information

A sociodemographic questionnaire was developed by the authors in order to collect self-reported information from the adolescents on different variables in T1: individual (sex and age), family characteristics (family structure and number of family members) and risk factors (e.g. school failure, community violence).

2.3.2 | Emotional quotient inventory – youth version

This 60-item questionnaire measures five aspects of emotional intelligence in T1, T2 and T3: intrapersonal (e.g. 'It's easy to tell people

how I feel'), interpersonal (e.g. 'I know when people are upset, even when they say nothing'), adaptability (e.g. 'I can understand hard questions'), stress management (e.g. 'I get angry easily') and general mood (e.g. 'I am happy'; Bar-On & Parker, 2000). Adolescents are required to rate the degree to which each item is true for them on a 4-point scale (from 1 = *Very seldom true or not true of me* to 4 = *Very often true of me or true of me*). The internal consistency of these scales, through Cronbach's alpha, was: intrapersonal: $\alpha_{T1} = 0.61$, $\alpha_{T2} = 0.70$, $\alpha_{T3} = 0.73$; interpersonal: $\alpha_{T1} = 0.77$, $\alpha_{T2} = 0.79$, $\alpha_{T3} = 0.72$; adaptability: $\alpha_{T1} = 0.80$, $\alpha_{T2} = 0.85$, $\alpha_{T3} = 0.84$; stress management: $\alpha_{T1} = 0.83$, $\alpha_{T2} = 0.82$, $\alpha_{T3} = 0.87$; and mood: $\alpha_{T1} = 0.89$, $\alpha_{T2} = 0.86$, $\alpha_{T3} = 0.89$.

2.3.3 | The inventory of parent and peer attachment

This inventory assesses three aspects related to parental attachment (25 items) and peer attachment (25 items) in T1, T2 and T3: communication (e.g. 'My mother/father helps me to talk about my difficulties', 'My friends care about how I am feeling'), trust (e.g. 'I feel my mother/father does a good job as my parent', 'I feel my friends are good friends') and alienation (e.g. 'I feel angry with mother/father', 'I feel angry with my friends'; Armsden & Greenberg, 1987). The adolescents rated each item on a 5-point scale (from 1 = *Almost never or never true* to 5 = *Almost always or always true*). For the parental attachment components, adolescents were asked to answer questions regarding their main caregiver (mother, father or other relative). According to Cronbach's alpha, the reliability

	IG (n = 109)	CG (n = 107)	Differences F/ χ^2
Sociodemographic			
Gender	Boys: 51.38% Girls: 48.62%	Boys: 47.57% Girls: 52.43%	0.31 ^{n.s.}
Age	$M = 14.17$ ($SD = 1.48$)	$M = 14.54$ ($SD = 1.44$)	3.42 ^{n.s.}
Families			
Family structure	Single parent: 41.28% Two parents: 58.71%	Single parent: 34.58% Two parents: 65.42%	1.03 ^{n.s.}
No. family members at home	$M = 4.10$ ($SD = 1.16$)	$M = 3.94$ ($SD = 1.02$)	1.11 ^{n.s.}
Risk factors			
Repeat a year of school	62.04%	49.5%	3.41 ^{n.s.}
Death of a close relative	52.38%	60.38%	1.37 ^{n.s.}
Severe financial problems in the family	48.57%	44.33%	0.38 ^{n.s.}
Conflicts with peers	32.38%	22.52%	1.60 ^{n.s.}
Judicial problems (individually or in the family)	28.57%	17.92%	3.35 ^{n.s.}
Drug or alcohol addiction (individually or in the family)	25.71%	15.09%	3.67 ^{n.s.}
Conflicts with the partner	21.90%	13.21%	2.76 ^{n.s.}
Victim of intra-family violence	20.95%	12.26%	2.88 ^{n.s.}

TABLE 1 Baseline characteristics for intervention group (IG) and control group (CG)

Note: n.s. non significant.

indexes for parental and peer attachment, respectively, are: communication: $\alpha_{T1} = 0.83$ and 0.90 , $\alpha_{T2} = 0.84$ and 0.89 , $\alpha_{T3} = 0.89$ and 0.89 ; trust: $\alpha_{T1} = 0.87$ and 0.88 , $\alpha_{T2} = 0.86$ and 0.89 , $\alpha_{T3} = 0.89$ and 0.86 ; and alienation: $\alpha_{T1} = 0.61$ and 0.60 , $\alpha_{T2} = 0.67$ and 0.59 , $\alpha_{T3} = 0.63$ and 0.61 .

2.3.4 | Antisocial and criminal behaviour questionnaire

The antisocial subscale of this instrument was used to assess antisocial behaviours. It is comprised of 20 items (e.g. 'To respond badly to a superior, in class, cinema, etcetera' or 'Breaking or knocking down things that are someone else's'; Seisdedos, 1995). Each item in this questionnaire measures the manifestation of a problematic behaviour. The final sum of manifested problem behaviours is understood as the adolescent's antisocial behaviour. The adolescents responded to these questions in a yes/no format in T1, T2 and T3. Cronbach's alpha was: $\alpha_{T1} = 0.87$, $\alpha_{T2} = 0.87$, $\alpha_{T3} = 0.85$.

2.4 | Procedure

The IG was composed of adolescents recently enrolled in Child Welfare Services (within the past 2 years) who were referred to SB-PFT based on the following criteria: (a) age 11–17 years old; (b)

exhibit problematic behaviours such as frequent fights with peers, aggressiveness, social conflicts or expulsions from school; (c) significant impairment of family relations due to problems between parents and adolescents; and (d) both adolescents and parents consent to intervention. The CG consisted of a comparable sample of adolescents who were identified by their schools as troubled due to exhibiting problematic behaviours, and who met the following criteria: (a) age 11–17 years old, (b) reside in the same priority community where the intervention took place and (c) do not currently receive any intervention.

In the IG, the pretest was realised in the second session and the posttest in the last session (for those adolescents who had attended at least three intervention sessions). The follow-up was carried out 5 months after finishing SB-PFT at the participants' homes. Adolescents in the CG were evaluated only in T1 and T2 with a period of 3 months between evaluation times. The evaluations were conducted at their schools. The researchers coordinated the evaluation, which lasted 30–45 min. Figure 1 shows the flow of participants through the study. The dropout rate between pretest and posttest was 25% in the IG and 18% in the CG.

Participation in the study was voluntarily and both adolescents and parents signed the informed consent form in accordance with

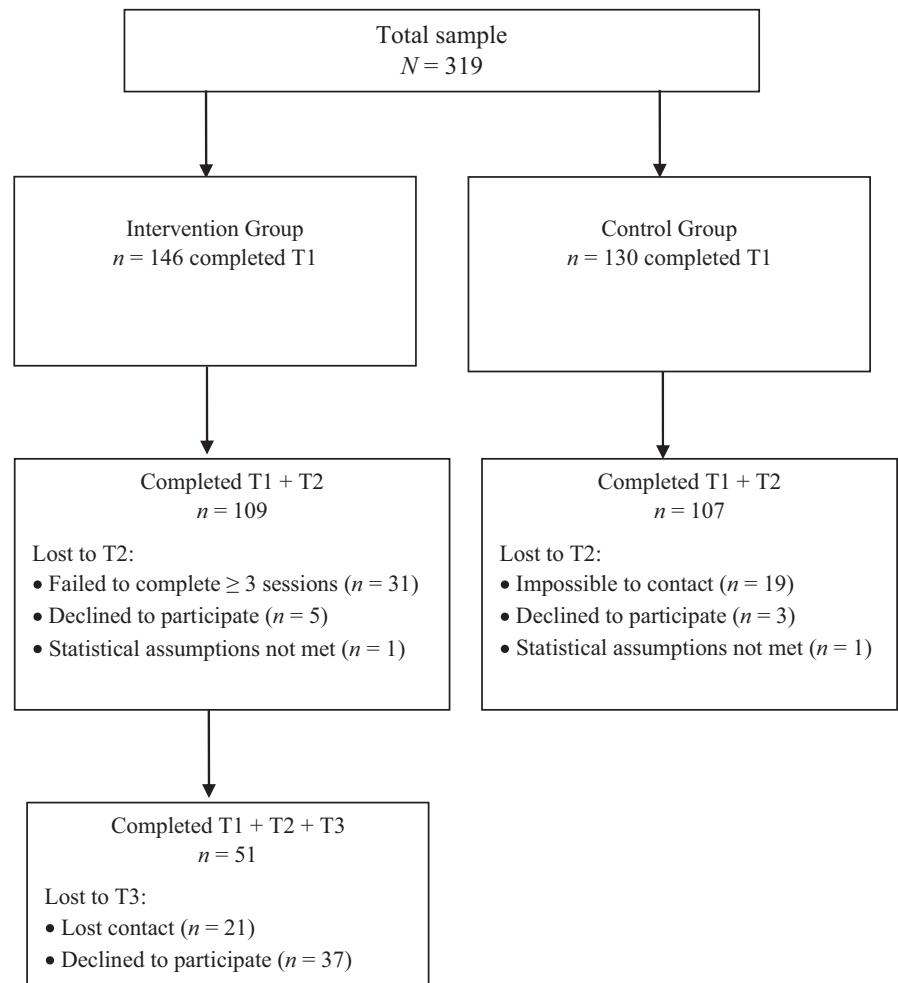


FIGURE 1 Flow of participants through the study

the Declaration of Helsinki. Participants were informed about the objectives of the evaluation, any doubts were resolved and the researcher–participant relationship was based on respect (Ellis, 2007). Ethics approval was obtained from the corresponding committee (code 0985-M1-18).

2.5 | Data analyses

Effectiveness analyses were performed using SPSS vs.23. Statistical assumptions were checked as a preliminary step: linearity, normality, homoscedasticity, absence of multicollinearity and singularity and independence of residuals (Bonate, 2000). Two univariate outliers were detected through box-plot examination and removed from subsequent analyses (Tabachnick & Fidell, 2007). Missing data at item level were examined via missing value analysis. Random data distribution was confirmed using Little's MCAR test. Less than 5% of missing data were found per item, and less than 10% of items were missing per scale following a random distribution. Therefore, the SEM procedure was performed to impute data using the expectation-maximisation (EM) algorithm from SPSS.

Repeated measures ANOVAs were used to examine longitudinal differences (T1 and T2) between IG and CG for each target variable. For significant interaction effects, additional repeated measures ANOVAs were performed to examine main effects separately for the IG and the CG. A 95% confidence level was considered for the significance test and effect size was examined using partial eta-squared with the following considerations: negligible if

<0.01, small if >0.01 and <0.06, medium if >0.06 and <0.14 or large if 0.14 (Cohen, 1988).

Long-term effects and growth models were examined analysing IG information at T1, T2 and T3 with Mplus vs.7 (Muthén & Muthén, 1998–2012). Two latent variables were taken into account (intercept and slope), and maximum likelihood was chosen as an estimation method. Three growth curves were estimated with the prediction of missing data using full-maximum likelihood. First, a linear growth model was tested and next two non-linear models were subsequently contrasted: an exponential growth model and a logarithmic growth model. Fixed time scores were specified for the exponential and logarithmic growth curve following the recommendations of Muthén and Muthén (1998–2012) for non-linear models. Several indicators of goodness-of-fit were examined: the Chi-square statistic, the Comparative Fit Index (CFI) and the Root Mean Square Error of Approximation (RMSEA) with 90% confidence intervals. Non-significant or low Chi-square, together with CFI values >0.90 and RMSEA values <0.08 were considered acceptable (Kline, 2016).

3 | RESULTS

3.1 | Intervention versus control group: the intervention effects

Preliminary analyses compared IG and CG at T1 in the target variables: emotional intelligence, parental attachment, peer attachment and antisocial behaviour. No differences were found in peer attachment or

TABLE 2 Short-term effect comparing Scene-Based Psychodramatic Family Therapy (SB-PFT) and control group (CG)

	SB-PFT M (SD)		CG M (SD)		Intervention effect Interaction $F(\eta^2_{\text{partial}})$
	T1	T2	T1	T2	
Emotional intelligence					
Intrapersonal intelligence	2.49 (0.63)	2.43 (0.63)	2.49 (0.62)	2.50 (0.65)	0.53 ^{n.s.}
Interpersonal intelligence	3.22 (0.49)	3.32 (0.46)	3.29 (0.44)	3.24 (0.46)	6.11** (0.03)
Adaptability	2.98 (0.51)	3.09 (0.61)	3.02 (0.57)	3.00 (0.53)	2.76 ^{n.s.}
Stress management	2.24 (0.61)	2.27 (0.66)	2.53 (0.61)	2.54 (0.53)	0.06 ^{n.s.}
General mood	3.14 (0.60)	3.26 (0.50)	3.30 (0.56)	3.23 (0.57)	9.52** (0.05)
Parental attachment					
Communication	3.41 (0.96)	3.42 (0.95)	3.87 (0.82)	3.63 (0.86)	5.49* (0.03)
Trust	3.50 (1.00)	3.56 (0.89)	4.06 (0.65)	3.88 (0.75)	7.26** (0.03)
Alienation	2.68 (0.83)	2.71 (0.82)	2.20 (0.72)	2.35 (0.87)	1.01 ^{n.s.}
Peer attachment					
Communication	4.05 (0.92)	3.95 (0.84)	4.10 (0.81)	3.98 (0.91)	0.09 ^{n.s.}
Trust	4.32 (0.77)	4.27 (0.73)	4.33 (0.74)	4.27 (0.78)	0.05 ^{n.s.}
Alienation	2.28 (0.70)	2.21 (0.60)	2.33 (0.70)	2.40 (0.75)	2.03 ^{n.s.}
Antisocial behaviour	9.09 (5.24)	9.15 (5.23)	6.99 (4.56)	6.46 (4.22)	1.10 ^{n.s.}

Note: Significant interaction effects are in boldface.

* $p < .05$.

** $p < .01$.

n.s. non significant.

emotional intelligence except for stress management in favour of the CG ($F_{(1, 210)} = 4.96, p < .001$). Differences were found in parental attachment (parental communication: $F_{(1, 216)} = 9.79, p < .01$; parental trust: $F_{(1, 216)} = 20.66, p < .00$; parental alienation: $F_{(1, 216)} = 21.31, p < .001$) and antisocial behaviour ($F_{(1, 216)} = 10.38, p < .01$) in favour of the CG.

Table 2 shows descriptives and significant interactions time*group with repeated measures ANOVAs performed on the target variables.

Two components of emotional intelligence – interpersonal and general mood – showed significant interactions (see Table 2). Specifically, adolescents participating in SB-PFT showed a trajectory of positive and significant change in both interpersonal intelligence ($F_{(1, 95)} = 4.93, p < .05, \eta^2_p = 0.05$) and mood ($F_{(1, 95)} = 7.36, p < .01, \eta^2_p = 0.07$).

Regarding parental attachment, communication and trust displayed significant interactions (see Table 2). Specifically, adolescents from the CG experienced a significant decrease in parental communication ($F_{(1, 102)} = 8.15, p < .01, \eta^2_p = 0.07$) and parental trust ($F_{(1, 102)} = 8.08, p < .01, \eta^2_p = 0.07$).

No significant interactions were found in peer attachment variables (communication, trust and alienation) or antisocial behaviour.

3.2 | Long-term effects and growth model in the intervention group

Table 3 shows descriptives and goodness-of-fit indexes for the three growth models (lineal, logarithmic and exponential) tested in the IG (T1, T2 and T3) on the following target variables: emotional intelligence, parental attachment and antisocial behaviour.

Concerning emotional intelligence, the variables interpersonal intelligence, adaptability and mood presented a significant change in the slope. The logarithmic model showed the best fitting growth for adaptability and general mood. None of the models examined for interpersonal intelligence showed an adequate goodness-of-fit due to the failure to comply with the assumption of the RMSEA < 0.08.

Concerning parental attachment, the slope was statistically significant over time for communication and trust. The exponential growth model revealed the best fit indexes for both communication and trust. Regarding peer attachment variables, no significant changes were observed in peer communication, trust or alienation.

Lastly, antisocial behaviour showed significant changes in the slope. The exponential model achieved adequate goodness-of-fit indexes for antisocial behaviour.

Figure 2 displays the significant logarithmic and exponential trajectories over time of the five components that obtained the best goodness-of-fit indexes and a significant slope: adaptability, general mood, parental communication, parental trust and antisocial behaviour.

4 | DISCUSSION

The results of this study reveal that SB-PFT has a positive impact on improving emotional intelligence and parental attachment, and decreasing antisocial behaviours in adolescents. Specific interventions

such as FFT and MST have proven to be effective in aspects such as family communication, adolescent emotional well-being and reducing problematic behaviours (Robbins et al., 2016; Tan & Fajardo, 2017). This present study constitutes a first step towards solidifying SB-PFT as a potentially effective intervention for adolescent behaviour problems in a non North American sociocultural context. The results will be discussed with the double data analysis strategy developed according to the most thorough effectiveness evaluation standards (Gottfredson et al., 2015): the pretest–posttest analysis compared with a control group, and the long-term monitoring of the effects.

The short-term evaluation partially confirmed the hypothesis, displaying a short-term impact on emotional intelligence. However, no differences were found in antisocial behaviour and peer attachment.

With regard to emotional intelligence, the group-based methodology of SB-PFT fostered the development of emotional skills. As Yalom and Leszcz (2005) propose, group interventions enable people to interact with other individuals who share a similar situation, as well as promote interpersonal learning among group members. The results showed SB-PFT to have a high impact on the adolescents' interpersonal intelligence and mood. Likewise, the use of psychodrama techniques during the intervention seems to help develop emotional skills (Cruz, Sales, Alves, & Moita, 2018). These results are consistent with the qualitative study in which the adolescents reported benefits of SB-PFT in expressing emotions, feeling supported and improving well-being (Maya, Jiménez, et al., 2018).

With regard to parental attachment, the results showed that communication and parental trust worsened in those adolescents who did not participate in the intervention, whereas these aspects were stabilised after SB-PFT. Previous evidence points to the importance of promoting or at least stabilising family dimensions such as parental communication when adolescents exhibit problematic behaviours (Keijsers & Poulin, 2013). Nevertheless, this stabilising effect must be interpreted with caution due to the differences found in pretest between the IG and the CG. Moreover, this result – integrated with the results of emotional intelligence – highlights the importance of intervening with adolescents and their families at the first signs of problematic behaviours (Laghi et al., 2016). The adolescents in the CG were deferred by their schools due to exhibiting problematic behaviours. Hence, acts such as verbal or psychical aggression towards peers in the school, low empathy, disobedience to teachers or violating of the rules of school coexistence could be used by professionals as warning sign to implement family interventions.

No short-term changes were shown in the participating adolescents' peer attachment or antisocial behaviour. Specifically regarding peer attachment, this result is understandable considering the SB-PFT methodology as well as its objectives and contents (which focus on problematic family relationships instead of on peer relationships). Therefore, in order to improve peer attachment, it would be interesting to address this content or to incorporate peers who are significant for the adolescent, as in the MST (Henggeler et al., 2009). Concerning problematic behaviours, it should be noted that although one of the objectives of SB-PFT is to reduce adolescent behaviour problems, the intervention does not seem to achieve this in

TABLE 3 Long-term effects and growth model

Variables	Model	Mean slope	Variance slope	Mean intercept	Variance intercept	Covariance intercept and slope	χ^2 (df) CFI	RMSEA [90% CI] $p < .05$
Emotional intelligence								
Intrapersonal intelligence	Li	-0.052 (0.050)	0.120 (0.063)	2.488 (0.064) ^{***}	0.291 (0.094) ^{**}	-0.122 (0.067)	0.025 (1) 1.000	.00 [.00, .14] .89
	Lo	-0.088 (0.084)	0.422 (0.221)	2.490 (0.064) ^{***}	0.373 (0.136) ^{**}	-0.296 (0.163)	0.002 (1) 1.000	.00 [.00, .00] .97
	Ex	-0.014 (0.016)	0.012 (0.003) ^{***}	2.477 (0.060) ^{***}	0.209 (0.057) ^{***}	-0.023 (0.012)	0.426 (2) 1.000	.00 [.00, .12] .84
Interpersonal intelligence	Li	0.076 (0.027) ^{**}	0.032 (0.012) ^{**}	3.225 (0.049) ^{***}	0.168 (0.045) ^{***}	-0.037 (0.022)	4.283 (2) 0.957	.11 [.00, .25] .18
	Lo	0.139 (0.047) ^{**}	0.129 (0.049) ^{**}	3.220 (0.050) ^{***}	0.207 (0.059) ^{***}	-0.099 (0.053)	5.412 (2) 0.935	.13 [.00, .27] .11
	Ex	0.021 (0.008) [*]	0.002 (0.001) [*]	3.247 (0.046) ^{***}	0.135 (0.032) ^{***}	-0.006 (0.005)	3.997 (2) 0.962	.10 [.00, .25] .20
Adaptability	Li	0.069 (0.034) [*]	0.046 (0.018) ^{**}	2.992 (0.052) ^{***}	0.174 (0.053) ^{**}	-0.012 (0.030)	0.708 (2) 1.000	.00 [.00, .15] .76
	Lo	0.126 (0.059)[*]	0.153 (0.106)	2.987 (0.052) ^{***}	0.190 (0.078) [*]	-0.040 (0.084)	0.211 (1) 1.000	.00 [.00, .21] .68
	Ex	0.020 (0.011)	0.003 (0.001) ^{**}	3.007 (0.051) ^{***}	0.154 (0.039) ^{***}	0.002 (0.007)	3.567 (2) 0.973	.09 [.00, .24] .24
Stress management	Li	0.050 (0.037)	0.035 (0.041)	2.238 (0.061) ^{***}	0.263 (0.074) ^{***}	-0.010 (0.045)	0.290 (1) 1.000	.00 [.00, .22] .63
	Lo	0.078 (0.063)	0.101 (0.141)	2.239 (0.062) ^{***}	0.269 (0.099) ^{**}	-0.023 (0.109)	0.575 (1) 1.000	.00 [.00, .24] .50
	Ex	0.017 (0.012)	0.005 (0.002) ^{**}	2.243 (0.060) ^{***}	0.256 (0.054) ^{***}	-0.002 (0.008)	0.012 (2) 1.000	.00 [.00, .00] .99
General mood	Li	0.105 (0.033) ^{**}	0.028 (0.030)	3.150 (0.060) ^{***}	0.262 (0.061) ^{***}	-0.047 (0.040)	0.141 (1) 1.000	.00 [.00, .20] .74
	Lo	0.174 (0.054)^{**}	0.110 (0.111)	3.144 (0.061) ^{***}	0.290 (0.084) ^{**}	-0.109 (0.097)	0.075 (1) 1.000	.00 [.00, .18] .81
	Ex	0.030 (0.011) ^{**}	0.002 (0.004)	3.189 (0.056) ^{***}	0.231 (0.043) ^{***}	-0.010 (0.009)	2.803 (1) 0.981	.14 [.00, .34] .13
Parental attachment								
Communication	Li	0.120 (0.049) [*]	0.137 (0.039) ^{***}	3.395 (0.093) ^{***}	0.800 (0.163) ^{***}	-0.095 (0.076)	9.457 (2) ^{**} 0.935	.19 [.08, .32] .02
	Lo	0.183 (0.083) [*]	0.568 (0.163) ^{***}	3.418 (0.095) ^{***}	1.003 (0.218) ^{***}	-0.347 (0.186)	14.744 (2) ^{***} 0.889	.25 [.14, .37] .00
	Ex	0.045 (0.016)^{**}	0.010 (0.003) ^{***}	3.385 (0.089) ^{***}	0.665 (0.120) ^{***}	-0.005 (0.017)	2.177 (2) 0.998	.03 [.00, .20] .43
Trust	Li	0.114 (0.047) [*]	0.027 (0.078)	3.478 (0.096) ^{***}	0.781 (0.167) ^{***}	-0.099 (0.101)	1.599 (1) 0.995	.08 [.00, .28] .26
	Lo	0.169 (0.078) [*]	0.152 (0.294)	3.486 (0.098) ^{***}	0.847 (0.228) ^{***}	-0.239 (0.250)	2.726 (1) 0.986	.13 [.00, .32] .14
	Ex	0.045 (0.017)^{**}	0.013 (0.003) ^{***}	3.490 (0.092) ^{***}	0.748 (0.126) ^{***}	-0.037 (0.018) [*]	2.575 (2) 0.995	.05 [.00, .21] .36
Alienation	Li	-0.088 (0.055)	0.138 (0.046) ^{**}	2.713 (0.078) ^{***}	0.384 (0.127) ^{**}	-0.064 (0.069)	7.673 (2) [*] 0.867	.16 [.05, .29] .05
	Lo	-0.136 (0.096)	0.515 (0.172) ^{**}	2.699 (0.081) ^{***}	0.487 (0.177) ^{**}	-0.206 (0.183)	12.851 (2) ^{**} 0.745	.23 [.12, .35] .00
	Ex	-0.032 (0.017)	0.001 (0.011)	2.719 (0.073) ^{***}	0.300 (0.089) ^{**}	0.006 (0.020)	1.081 (1) 0.998	.03 [.00, .26] .36
Peer attachment								
Communication	Li	-0.011 (0.052)	0.177 (0.047) ^{***}	4.044 (0.091) ^{***}	0.778 (0.174) ^{***}	-0.218 (0.084) ^{**}	15.001 (2) ^{***} 0.815	.25 [.14, .38] .00
	Lo	-0.035 (0.086)	0.722 (0.187) ^{***}	4.060 (0.093) ^{***}	1.041 (0.240) ^{***}	-0.659 (0.240) ^{***}	18.688 (2) ^{***} 0.763	.29 [.18, .41] .00
	Ex	0.003 (0.017)	0.014 (0.004) ^{***}	4.012 (0.086) ^{***}	0.566 (0.115) ^{***}	-0.038 (0.019) [*]	8.681 (2) [*] 0.905	.18 [.07, .31] .03

(Continues)

TABLE 3 (Continued)

Variables	Model	Mean slope	Variance slope	Mean intercept	Variance intercept	Covariance intercept and slope	χ^2 (df) CFI	RMSEA [90% CI] <i>p</i> < .05
Trust	Li	0.007 (0.041)	0.085 (0.030)**	4.310 (0.075)**	0.452 (0.108)**	-0.100 (0.054)	5.776 (2) 0.944	.14 [.00, .27] .10
	Lo	0.003 (0.071)	0.352 (0.125)**	4.318 (0.076)**	0.562 (0.143)**	-0.276 (0.129)*	7.558 (2) 0.917	.16 [.05, .30] .05
	Ex	0.005 (0.013)	0.006 (0.002)**	4.299 (0.071)**	0.362 (0.078)**	-0.016 (0.012)	3.230 (2) 0.982	.08 [.00, .23] .28
Alienation	Li	-0.036 (0.051)	0.087 (0.036)*	2.267 (0.061)**	0.061 (0.082)	0.020 (0.049)	11.488 (2) 0.422	.22 [.11, .34] .01
	Lo	-0.008 (0.015)	0.007 (0.003)**	2.252 (0.055)**	0.072 (0.054)	0.011 (0.011)	4.318 (2) 0.859	.11 [.00, .25] .18
	Ex	-0.072 (0.090)	0.271 (0.130)**	2.275 (0.064)**	0.057 (0.115)	0.035 (0.111)	18.528 (2) 0.000	.28 [.17, .41] .00
Antisocial behaviour	Li	-0.890 (0.281)**	1.559 (2.375)	9.288 (0.531)**	21.43 (5.314)**	-3.093 (3.087)	8.936 (1) 0.910	.28 [.13, .46] .01
	Lo	-1.261 (0.490)*	5.843 (9.123)	9.198 (0.543)**	23.11 (7.372)**	-6.840 (7.881)	11.895 (1) 0.877	.32 [.18, .50] .00
	Ex	-0.369 (0.088)**	0.321 (0.094)**	9.313 (0.501)**	20.19 (3.799)**	-0.968 (0.555)	3.422 (2) 0.984	.08 [.00, .23] .26

Note: Models with significant mean slopes and best goodness-of-fit indexes are in boldface.

Abbreviations: Ex, exponential; Li, linear; Lo, logarithmic.

**p* < .05.

***p* < .01.

****p* < .001.

the short-term. These results are consistent with other studies that identified no short-term changes of SB-PFT participants in anger and hostility, two aspects heavily related to antisocial behaviour (Fosco et al., 2014; Maya, Lorence, et al., 2018).

The long-term follow-up evaluation of the participating adolescents partially confirmed the hypothesis. Specifically, the results demonstrated a long-term increase in emotional intelligence, an improvement in parental attachment and a decrease in antisocial behaviour. However, peer attachment did not vary in the long-term evaluation.

With regard to emotional intelligence, SB-PFT showed a significant long-term impact on the adolescents' interpersonal intelligence, mood and adaptability. Additionally, when exploring the participating adolescents' trajectories of change – and in-line with the hypothesis – mood and adaptability showed a more accentuated increase in the short-term, and a stable, or slight increase in this growth over time. These results reaffirm the importance of SB-PFT for provoking immediate changes in the adolescents' emotional intelligence during the intervention; changes which are maintained long term probably due to the effect of the psychodrama techniques for fostering the participants' emotional development (Cruz et al., 2018). Specifically, in a previous study, the adolescents showed how psychodrama techniques such as role reversal or mirror helped them to acquire conflict resolution strategies and to gain perspective and empathy (Maya, Jiménez, et al., 2018).

Regarding parental attachment, the long-term evaluation reported significant positive changes in the adolescents' communication and parental trust. Contrary to emotional intelligence, the exponential growth models showed the best adjustment indexes. The systemic component is strongly emphasised in SB-PFT intervention, working on functional patterns in intra-family communication and on dysfunctional relationships based on the family members' resources (Minuchin & Fishman, 1981). The complexity of this type of systematic process – which can provoke changes in family relationships – may also mean that these changes require a prolonged period of time before they are manifested. Consequently, long-term assessment is recommended in intervention evaluations because there are family dimensions that seem to need a long period of time to improve (Carr, 2019). The long-term SB-PFT data are consistent with previous studies, showing that parental attachment in families with detailed relationships takes about 6 months to improve (Carr, 2019).

With regard to antisocial behaviour, the results revealed significantly less antisocial behaviours in the long term with respect to their baseline. Specifically, antisocial behaviour showed an exponential curve decrease. This result is consistent with SB-PFT's final objective and with the principal motive for referring the adolescents to intervention. Additionally, although meta-analyses of evidence-based interventions (FFT and MST) show that adolescent problematic behaviours are generally reduced in the short term (Henggeler & Sheidow, 2012), there are effectiveness studies consistent with our findings, showing that problematic behaviours are reduced to a greater extent in the long term (Henggeler et al., 2006; Letourneau

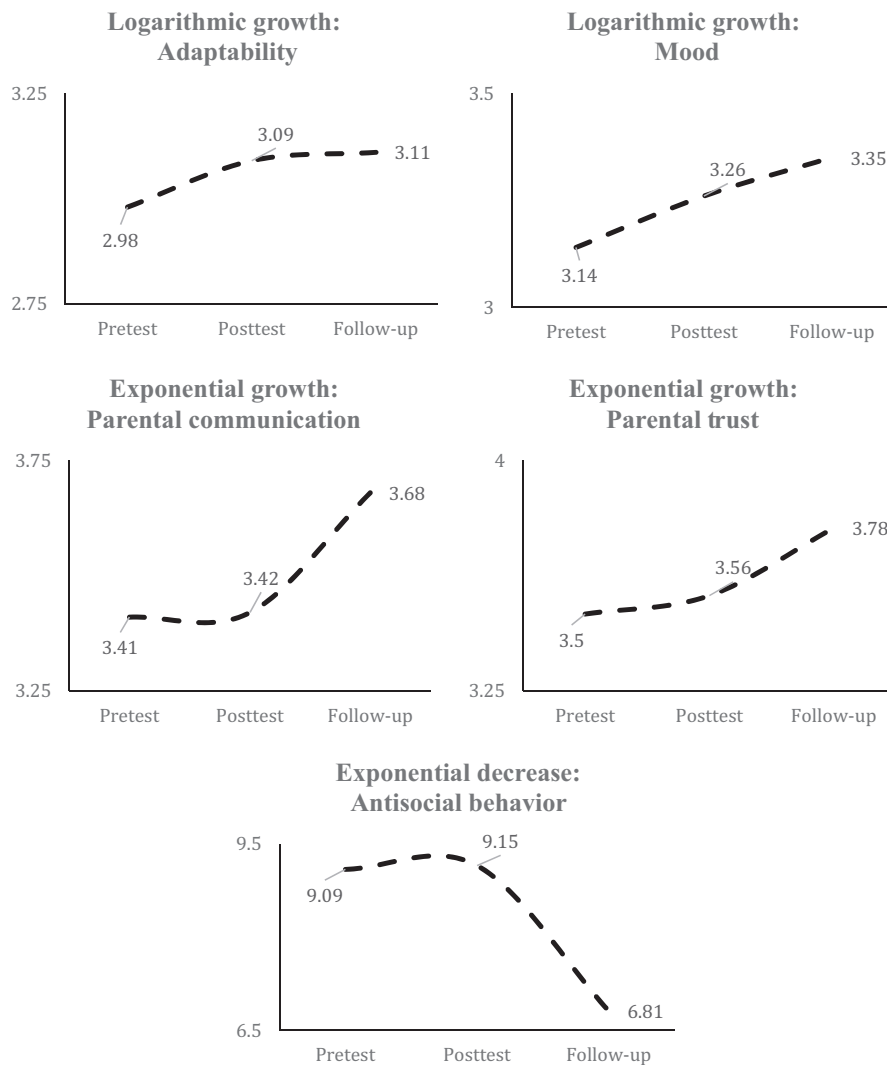


FIGURE 2 Trajectory of change over time of Scene-Based Psychodramatic Family Therapy participants

et al., 2009). It is likely that the positive short-term impact of SB-PFT in aspects such as interpersonal intelligence and mood contributes to a progressive decrease in problematic behaviours, which has yet to be detected in the short term. This finding is in-line with other studies showing the predictive character of emotional intelligence on problematic behaviour (Hessler & Katz, 2010; Zavala & López, 2012).

Combining the short- and long-term results, and attending to the different growth curves, we can say that SB-PFT seems to motivate different personal and family aspects in the adolescents. Initially, emotional intelligence shows the first significant change, specifically in interpersonal intelligence and mood. Secondly, SB-PFT also seems to have a short-term stabilising effect on attachment between these adolescents and their parents. Previous studies confirm a positive association between emotional intelligence and parental attachment (Andretta et al., 2017; Laible, 2007). Therefore, promoting emotional skills such as interpersonal intelligence in SB-PFT could modify the adolescent's perception towards their parents and at the same time generate progressive changes in long-term parental attachment, as the results of this

present study show. In addition, the literature extensively reports how emotional intelligence and parental attachment in adolescence predicts their psychosocial adjustment (Andretta et al., 2017; Cobos et al., 2017). In fact, secure attachment seems to be associated with greater resilience even in adulthood (Rasmussen et al., 2019). Therefore, this improvement in emotional intelligence and parental attachment could have a positive influence in a long-term decrease in antisocial behaviour, as the exponential curve in this study shows.

However, this study has a series of limitations. On one hand, this study's statistical strength could be improved given that the sample size (not excessively large due to the specificity of the population) and the statistical conditions of the longitudinal interaction analyses influence the effect size (Bhaumik et al., 2008). Therefore, we must be prudent when generalising the results. Likewise, a third analysis (T3) of the control group would have been very interesting. On a theoretical level, the implications of SB-PFTs' effectiveness should be taken with caution, and the control group should be randomly selected in order to avoid possible bias in group composition. Moreover, no measures were used to evaluate family dynamics and

functioning. Lastly, it would be interesting to analyse the emotional and family trajectory and adjustment of these adolescents over time.

As practical implications for further application of SB-PFT, we would recommend incorporating other relevant adolescent development contexts. Following MST (Henggeler et al., 2009), in order to maximise the intervention's effects, it would be advisable to intervene with the adolescents' close friends as well as school staff. The SB-PFT could also be implemented in schools (not only in Child Welfare Services) in order to facilitate different trials with randomised control groups measured at three times.

5 | CONCLUSIONS

This study is the most thorough effectiveness evaluation of SB-PFT to date. The results of SB-PFT's effectiveness evaluation and its possible implications for community practices are promising, although the conclusions must be interpreted carefully because of non-randomisation. Specifically, this study appears to confirm that SB-PFT improves interpersonal intelligence and mood, and establishes short-term perceived parental attachment for adolescents with behavioural problems. In the long term, SB-PFT seems effective for promoting the adolescents' emotional skills and parental attachment, and for reducing antisocial behaviours. These results attest to the strength of the theoretical and methodological assumptions of SP-PFT, such as the importance of implementing multiple-family groups from Child Welfare Services to foster the adolescents' emotional health.

INFORMED CONSENT

Informed consent was obtained for all participants in the study.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

ETHICAL APPROVAL

All procedures involving human participants were in accordance with the ethical standards of the institution and with the 1964 Helsinki declaration. Ethics approval was obtained from the Andalusian Government (code 0985-M1-18).

ORCID

Jesús Maya  <https://orcid.org/0000-0003-4472-1873>

Victoria Hidalgo  <https://orcid.org/0000-0002-9179-2722>

Lucía Jiménez  <https://orcid.org/0000-0003-2223-7263>

Bárbara Lorence  <https://orcid.org/0000-0001-6154-8852>

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