

**TREATMENT RESEARCH INSTITUTE**

*Applying Science to Transform Lives*

# **Role of Parents as Interventionists**

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**&**

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**for**

**Teach Your Parents Well:**

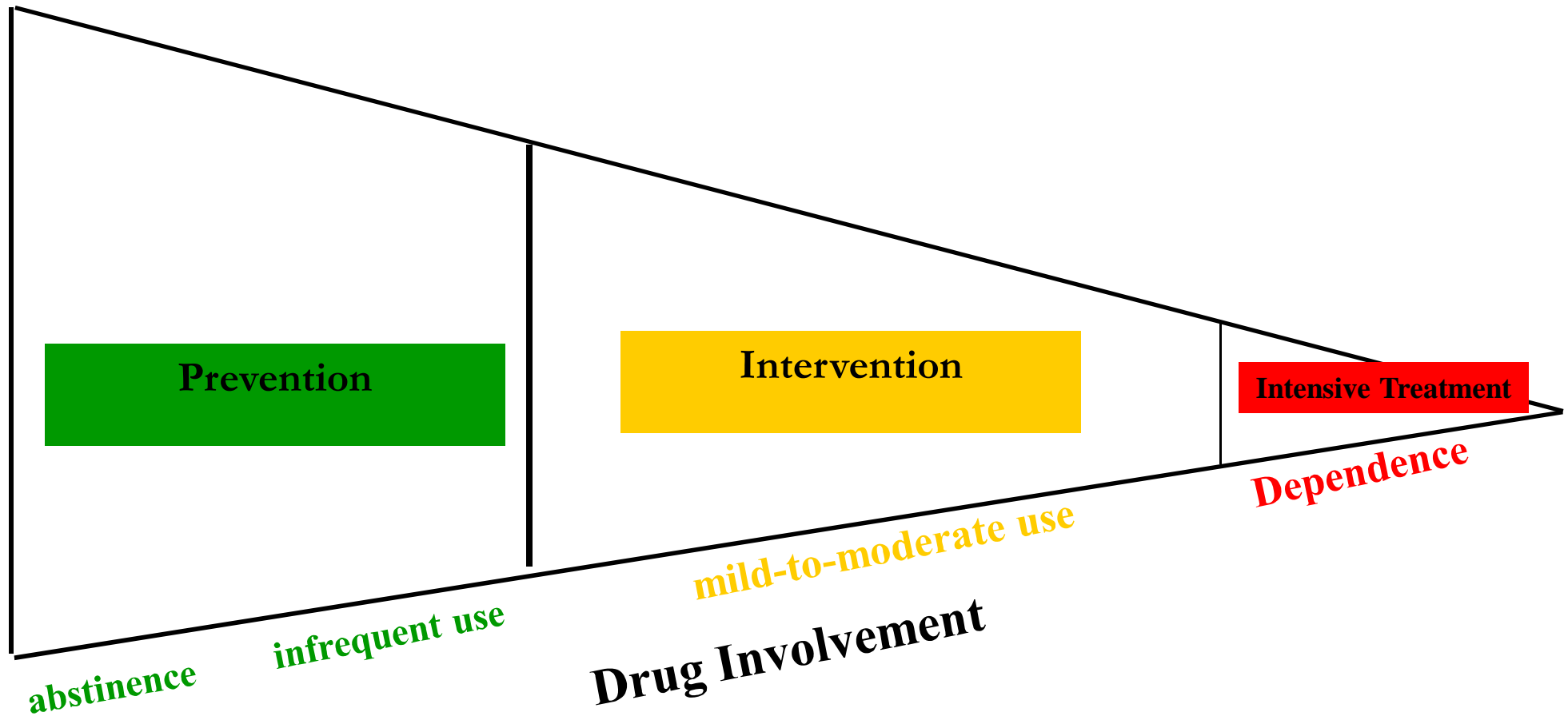
**Helping Parents with the Heavy Lifting of Drug Abuse Prevention and Intervention**

**JMATE Conference**

**Baltimore, MD**

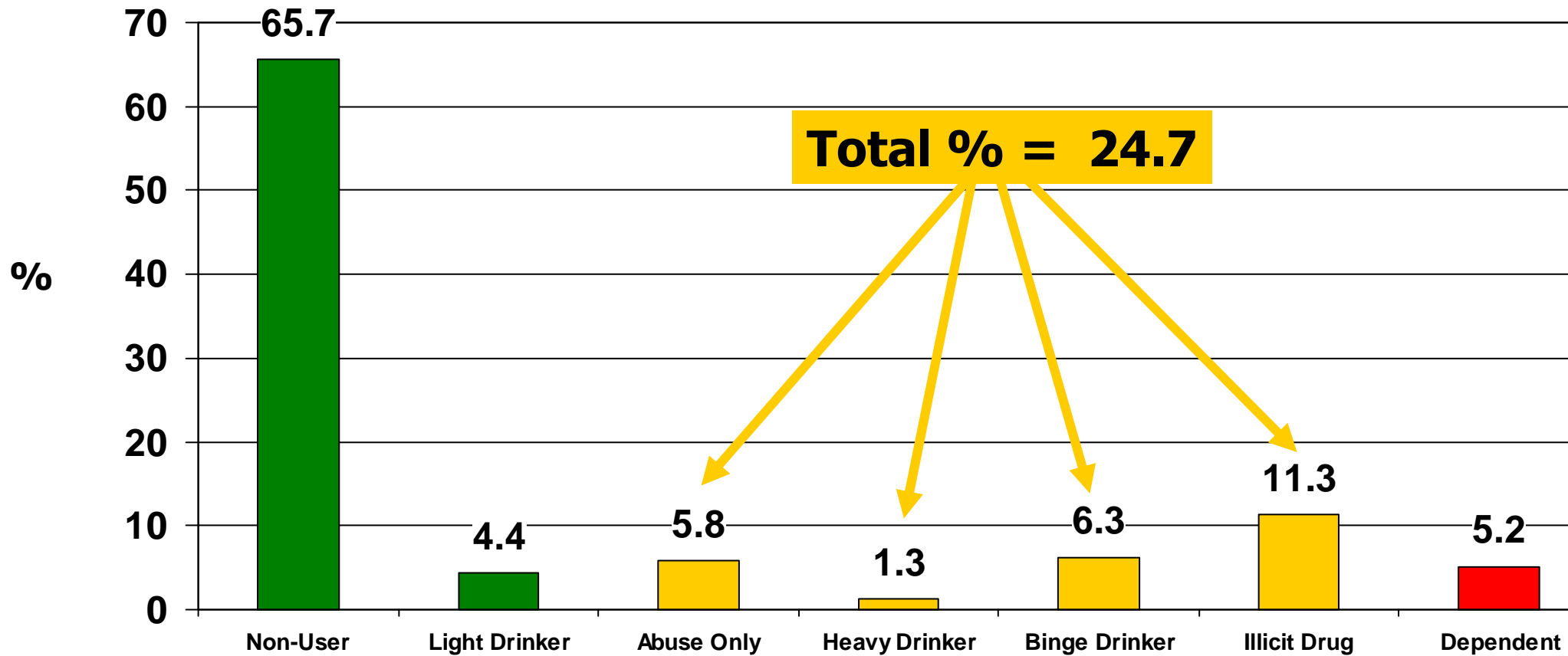
**December 15, 2010**

# Possible Applications



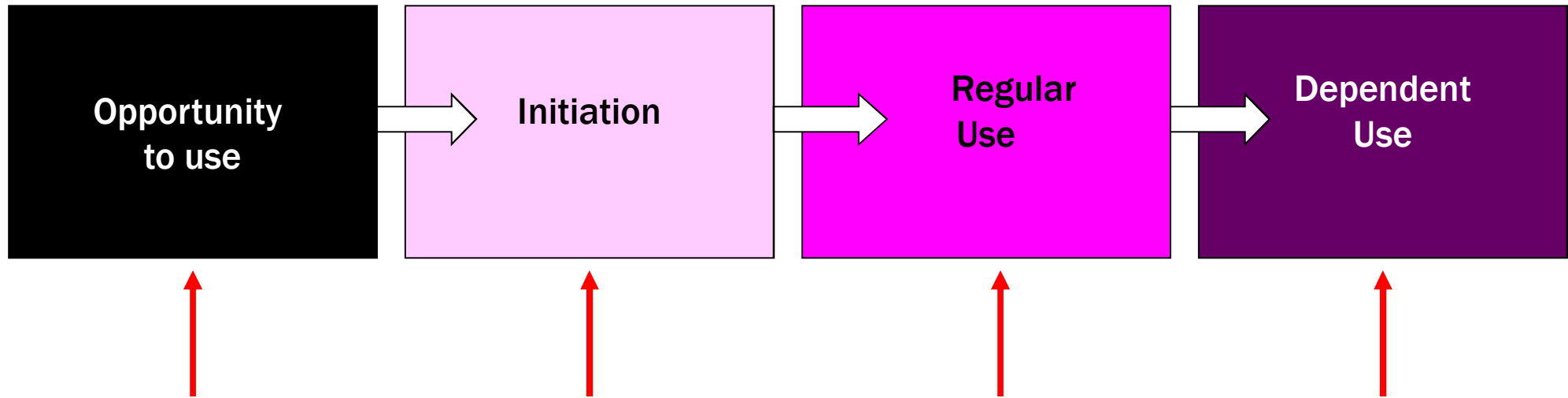
Adapted from Broadening the Base of Alcohol Treatment (IOM)

# Estimates of Mutually Exclusive Drug Abusing Adolescent Groups, Ages 12-18- Years (based on data from SAMHSA, 2005)



**Heavy, Binge, and Light Drinkers: prior 30 days**  
**Dependence, Abuse only, Illicit Drug Use and No Drug Use: prior year**

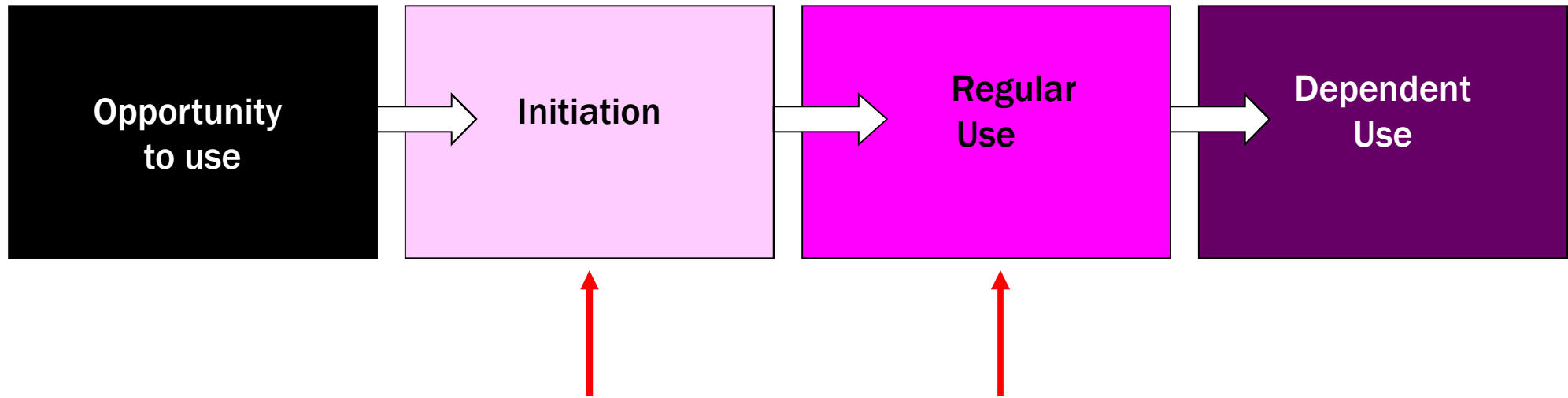
# The Development of Drug Problems



**Parents can help with all of the above**

Source: Amelia Arria

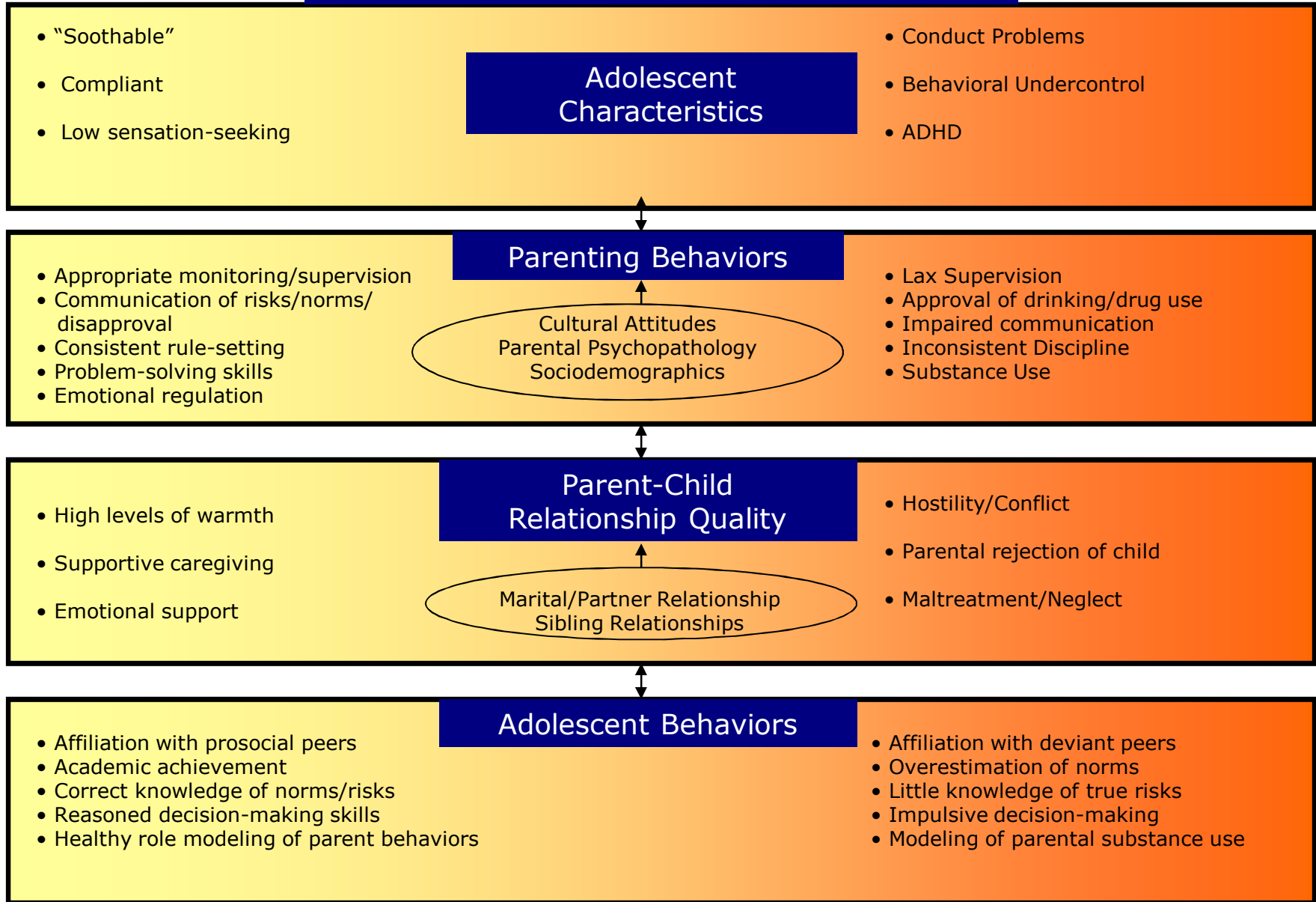
# The Development of Drug Problems



## Home-based brief intervention

- **Parents can be influential**
- **Home can be an opportunistic setting**
- **Success with home-based tobacco intervention**

# Family Socialization Model

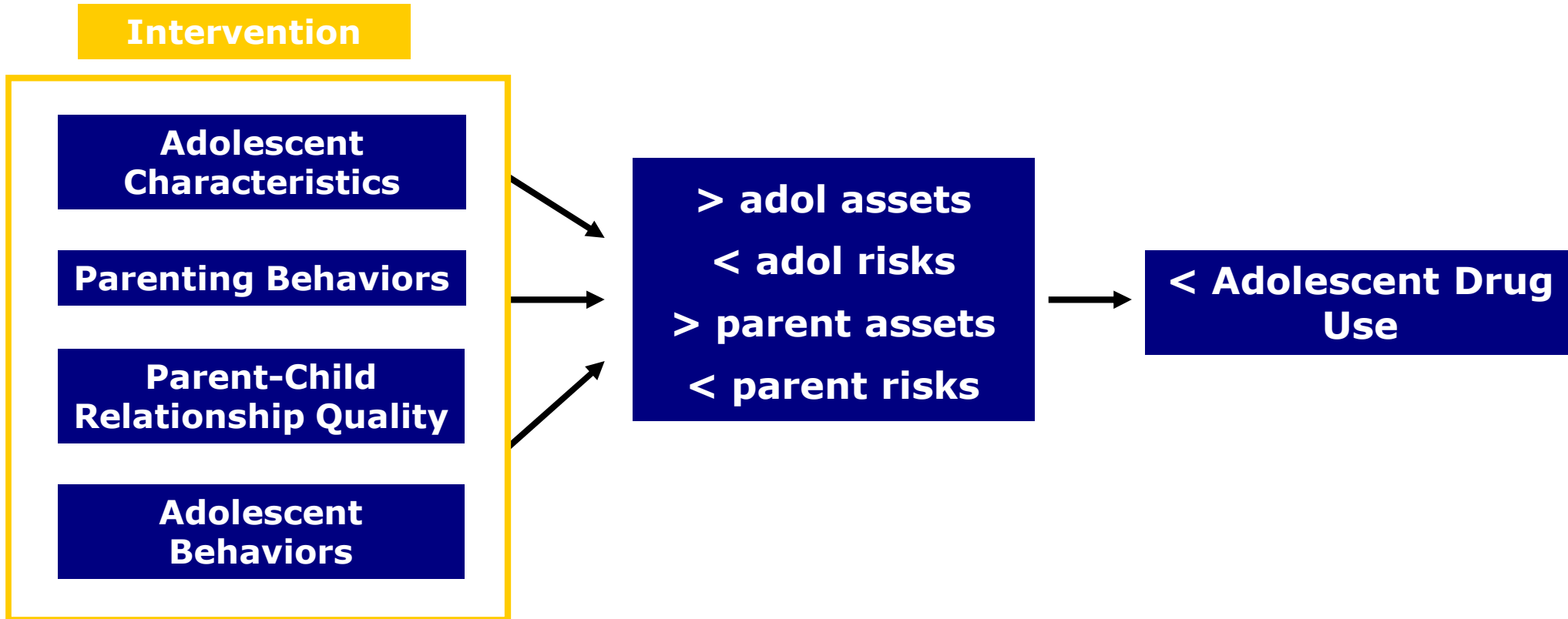


Decreased

**DRUG USE RISK**

Increased

# Family Socialization Model



# Specific Aims

- **Aim 1. Design a new, parent-led and home based brief intervention to address young adolescents (age range 12 – 15; grades 6-9) with mild-moderate drug abuse.**
  - Targets for change focus on reducing risks and building assets in the parent and adolescent, and drug abstinence.
- **Aim 2. Evaluate the efficacy of the parent intervention using a random controlled trial.**
  - Two samples (intervention and control), 110 families each (total  $N = 220$ ), will participate in the randomized controlled trial.

# Specific Aims

- **Aim 3. To examine hypothesized mediating mechanisms that contribute to intervention effects in the adolescent.**
  - Mechanisms include: motivation, cognitions, problem solving, peer substance use, parenting skills, parent-child communication, and parent self-efficacy
  - Secondary analyses will focus on additional variables, including demographics, parent adherence, trainer characteristics, and training adherence.

# Design Plan

- **Stage I: development of the parent intervention and training manual**
  - 2 training sessions
  - 3 - 4 parent-led intervention sessions
  - 1 closure meeting
- **Stage II: feasibility test**
  - Five families will be trained on the intervention and will receive weekly phone calls to solicit qualitative feedback from the parents. Parents will attend a focus group to give feedback on the intervention.
- **Stage III: RCT to evaluate efficacy.**
  - Mild-to-moderate drug users (include DSM-IV abuse); recruited from schools
  - $N = 220$  families; intervention and control groups
  - Interventionist the most “involved” parent
  - Control condition = 1 training session, educational only
    - Printed fact sheets on AOD, parenting
  - **Assessments: baseline, months 1, 3, 6 and 12**

# Intervention *elements* and *characteristics*

- 1. *User-friendly* (e.g., use of simple language); *interactive* (e.g., include activities, role playing, and homework assignments); *relevant* (e.g., provide menus of activities to meet adolescent's gender, age and culture); and *flexible* (e.g., provide options based on context and motivation).**
- 2. The intervention content will be guided by the CBT-MI model we employed in our earlier research on BI's.**
- 3. The program is expected to be 3 - 4 sessions (30-40 minutes each) delivered over a 4-week period**

# Intervention *elements* and *characteristics*

- 4. Several supportive training components:**
  - **2 session training prior to implementation**
  - **Implementation aids: the trainer...**
    - **phones the parent prior to each session to review the objectives and tasks associated with that session**
    - **phones the parent at the conclusion of each session to review progress/barriers**
  - **Closure meeting: after last session, the trainer will conduct an in-person meeting to provide follow-up resources and discuss next steps.**

# Intervention *elements* and *characteristics*

## 5. Training and curriculum materials:

- printed background information for the parent and adolescent;
- self-assessment questionnaires;
- **activity guides;**
- worksheets to supplement learning objectives and as homework assignments;
- follow-up guidelines, activities and self-evaluations.

# Intervention *elements* and *characteristics*

## **6. Parent objectives:**

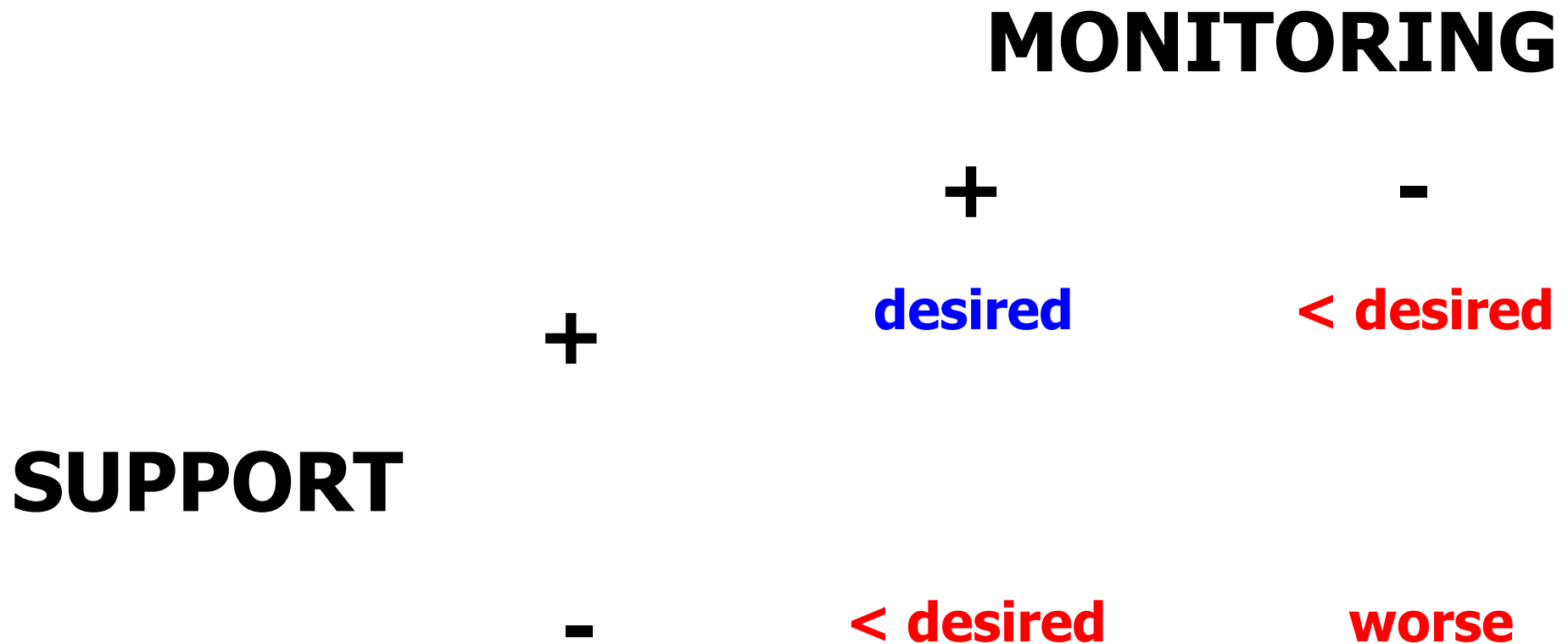
- **bolster parental expectations of no drug use by their teenager;**
- **increase knowledge of proximal factors that maintain their adolescent's drug use and factors that can contribute to desistance of drug use;**
- **strengthen parental communication skills and increase the application of these skills with respect to parent-to-parent and parent-to-adolescent communication;**

# Intervention *elements* and *characteristics*

## **6. Parent objectives:**

- **improve parental monitoring of the adolescent's behaviors that will promote a drug-free lifestyle;**
- **increase parents skills in identifying triggers of the adolescent's drug use and support coping strategies;**
- **strengthen parental self-efficacy that incorporating these behavioral and attitudinal changes will promote the intervention goals.**

# Parenting Goals



# Intervention *elements* and *characteristics*

## **7. Adolescent objectives:**

- **increase compliance with drug-free expectations;**
- **increase in communication with the parents pertaining to successes and challenges in implementing the drug-free behavioral changes;**
- **Increase engagement in activities that are asset building and decrease engagement in activities that are risks to continued substance use;**
- **strengthen his or her self-efficacy that behavioral and attitudinal changes will occur.**

# Intervention *elements* and *characteristics*

## 8. Specific tasks may include:

- pros and cons exercise
- connecting developmental aspects with adolescent drug involvement;
- communicating family expectations about the adolescent being drug-free;
- establishing family rules about parents use of alcohol and use of prescribed medication by any family members;
- monitoring the adolescent's access to peers and social situations that may contribute to substance use;
- teaching the adolescent problem solving skills to deal with inter- and intra-personal triggers of substance use;

# Intervention *elements* and *characteristics*

## **8. Specific tasks may include:**

- **improving parent-adolescent communication;**
- **teaching how to argue fairly;**
- **determining consequences (if goals not met) and rewards (if goals met).**

# Challenges

- **Engaging parents and youth**
- **Many parents are busy**
- **Moderate drug abuse may not be seen as a serious enough problem**
- **Presence of family chaos and estrangement**
- **Adjusting program based on child's age, family configuration and gender of parent participant**

**Thank You!**

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