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Introduction to Special Issue: Translational Research to Help Parents Respond to Adolescent Substance Use Problems

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Abstract

Parents experience a variety of challenges when they are confronted with the fact that their adolescent child is drinking alcohol or using other substances. This special issue is focused on the work being conducted at the NIDA-funded Parents Translational Research Center (PTRC) at the Treatment Research Institute in Philadelphia. By translating scientific evidence and elements of proven clinical interventions into practical tools for parents, the work of the PTRC aims to assist parents with assistance in intervening early, finding appropriate services and facilitating treatment entry for their substance-using child.

Keywords

Parent; Adolescent; Substance use

Substance use problems among adolescents remain a major public health concern, with 6.9 percent of 12 to 17 year olds meeting criteria for either alcohol or illicit drug dependence or abuse (SAMHSA, 2011). In addition to an array of significant health and safety consequences, adolescent substance use exacts a tremendous toll on parents and families. Parents and other caregivers who become aware of their child's substance use involvement experience a range of emotions—for example feeling inadequate, helpless, or guilty. Most are anxious about what steps, if any, to take to address the problem. This special issue focuses on several ways in which research can be used to assist parents in the challenges that they face at various stages of adolescent substance use involvement. The research studies in this special issue emanate from the work of the NIDA-funded Parents Translational Research Center, which is based on the premise that parents could play expanded and critical roles in addressing their child's substance use problems if they were provided evidence-based knowledge, instruction, skills and practical tools to do so. Although much anecdotal evidence exists to show that parents need more assistance, most parents do not have the knowledge and skills to take on these roles responsibly. The Center uses translational research methods to fulfill its main goal: *to translate scientific evidence and*

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elements of proven clinical interventions into practical tools for parents to use in addressing the substance use problems of their adolescents. To this end, the Center brings together an experienced team of multidisciplinary researchers at the Treatment Research Institute (TRI), and communications experts from the Partnership@drugfree.org to design, develop and provide parents with practical solutions to the following sets of challenges:

1. When a child has begun problematic use of alcohol and/or other drugs, what actions should parents take; what should not be said or done?
2. When prevention and early interventions have failed – where should the adolescent be treated? Which features are important in selecting a treatment program?
3. What actions can parents take to initiate and sustain adolescent treatment? How do parents manage an adolescent who is treatment-resistant?

The first article in the series in this issue describes the work of Winters et al, and is focused on parents whose child has begun to use alcohol or other drugs, but does not meet criteria for dependence and for whom formal treatment is not indicated. Their work involves the design, development and evaluation of a home-based, parent-led program to reduce substance use and associated problems in these adolescents with mild to moderate substance use problems. Based on the prior successes of implementing brief interventions in settings other than the home, the intervention consists of training parents in the basics of motivational interviewing and cognitive behavioral techniques to reduce substance use in their child. Over a period of three weeks, parents are taught counseling techniques to better handle resistance, and communication skills to relate more effectively to their child. The authors detail the components of the “Home Base” manual, which is designed to be user-friendly, interactive, and flexible enough to adapt to the circumstances and characteristics of different families. The objectives for both parents and adolescents are clearly specified, and include improving parenting practices and utilizing techniques to promote a drug-free lifestyle for parents. The efficacy of the program is being tested with a randomized controlled trial, with an education-only control group. Recruitment is underway and assessments are being conducted at baseline, 3-, 6-, and 12 months.

One of the major goals of the research is to understand the mechanisms that might contribute to reduction in adolescent drug use. The research team hypothesizes that the parent-delivered intervention will have beneficial effects on child behavior because it will improve parental self-efficacy, parent-child communication, as well as emphasize the importance of monitoring and supervision, setting zero tolerance limits, and role modeling to reduce substance use.

The authors are cognizant of the potential implementation barriers to the new parent-led intervention (e.g., competing time priorities, under-recognition of the harmfulness of their adolescent’s behavior). Moreover, one of the challenges for the research is to dispel some common myths among many parents, such as believing that because substance use during adolescence is an expression of autonomy, it should not be discouraged, or that early use of alcohol is beneficial to prevent problems later, a view that is at odds with scientific evidence. If successful, the Home Base intervention could have the potential to help many

parents deflect substance abuse problems at an early stage, thereby mitigating later, more severe consequences.

The second article is aimed at guiding a parent's decision-making process regarding how to choose a substance abuse treatment program for their child. The work of Cacciola, Meyers, Bates et al. builds upon an earlier systematic effort to assess and compare the elements of adolescent substance abuse treatment services (Brannigan, 2004). In their article, they describe the modifications and updates that were made to the original set of quality indicators and describe an evaluation method to assess indicators of addiction treatment. By conducting literature reviews, consulting with scientific experts and parents, nine key elements of effectiveness and within each of these elements, several key components were derived. The next stage in the work was the development of both a Director and a Patient Interview that is used to assess the existence and the frequency of the key elements and components for each treatment program. Finally, short- and longer-term indicators are gathered from the treatment programs. Hypothesizing that the quality of a program is directly related to the number and frequency of the EBPs delivered, they will conduct analyses to establish the strength of the relationship between the key elements and components and in-treatment performance measures, including toxicology screens and treatment completion.

The translational aspect of their work involves making these quality indicators accessible to parents need to choose an adolescent addiction treatment program for their child. With the help of communication experts, the final Consumer Guide is anticipated to be web-based and contain: a) standard program descriptors; b) the availability and likelihood of receiving EBPs; and, c) patient and parent comments. After the development and demonstration of success for a "Consumer Guide to Adolescent Substance Abuse Treatment" for the Philadelphia area, the ultimate goal is to apply the general model to other locales to develop community-specific Consumer Guides. The authors discuss the challenges thus far in developing and evaluating the Consumer Guide.

Developing such a Consumer Guide serves another purpose beyond helping parents with their decision-making process for an appropriate treatment program for their child. Namely, the existence and updating of such a guide in a community can generate improvements in the service marketplace. Given the increased the need for more accountability at both the federal and state levels, the information in the Guide can also be useful to payers as it can improve their understanding of the elements of substance abuse treatment that are associated with better outcomes that can eventually lead to reducing the likelihood of severe and costly health consequences.

The third article addresses a problem further down the continuum of challenges related to being a parent of an adolescent substance user. Namely, it focuses on helping parents to more effectively manage the situation of treatment-resistance in their child. The article by Kirby et al. begins with a discussion of how the adolescent treatment system often fails to meaningfully involve parents in their child's treatment experiences. They then describe the rationale for their study which applies the Community Reinforcement and Family Training (CRAFT) approach to help parents increase the likelihood that their child will enter an

addiction treatment program. A new parent-focused and manualized intervention was developed by the research team and was based on earlier work that involved adults helping a concerned significant other enter addiction treatment. Developmentally appropriate adaptations were made as well so that the specific needs of parents and children could be addressed. In the article, they present pilot study findings which demonstrate satisfactory levels of parental engagement and highly promising results with respect to treatment entry. The authors report and present possible reasons for the difficulties they experienced with recruiting parents for the study. If the use of the CRAFT intervention demonstrates evidence of success by facilitating higher rates of treatment entry as compared to the control condition in this study, future research will focus on the design and testing of the effectiveness of computerized interactive versions of the CRAFT-based parent intervention.

In addition to the three Core projects, PTRC investigators recently completed an analysis of the variation in state laws regarding the need for parental consent to enter substance abuse and mental health treatment. The results of this study are presented in the final article of the special issue by Kerwin et al. which documents the wide variation in State laws with respect to the need for parental consent to treatment for substance abuse and mental health problems. Their research supports the need for evaluating and modifying existing laws in such a way to preserve the balance between a minor's autonomy and parental rights to serve the best interest of the child.

While the Center will use clinical and translational research methods to adapt principles of existing therapies into tools that can be used by parents, the work of the PTRC does not attempt to turn parents into therapists. The end products of this work, practical knowledge and tools, are not therapies and are not intended to be replacements to the trained professionals who apply them. In fact, one important goal of this Center is to use the power of scientific evidence and communication to help parents become "informed consumers" who understand and appreciate the research evidence about addiction; who will know when good parenting is not enough; and who will know how to select and properly support professional addiction treatments.

Given the crisis-like situations that usually surround the recognition of a substance using adolescent, parents are not usually able to instinctively exert the great deal of patience, care, and responsible decision-making that is required to respond appropriately. As described above, the underlying theme of the PTRC is to deliver science-based tools and resources to parents that can help them confront a variety of issues. Because the challenge scientists' face is not simply to generate content, but to present the information in in such a way that is user-friendly, credible, and complete, the collaboration with health communications experts is critical to the Center's work. Many future projects of the PTRC are planned, including development of tools to educate parents about the important roles they can play in maintaining recovery, understanding new pharmacologic approaches for the treatment of addiction and mental health problems, and providing resources for family-to-family support. The investigators of the PTRC share the belief that scientists have the responsibility of not only generating and evaluating scientific evidence, but also packaging such evidence into accessible and practical solutions for parents and families.

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