Dysfunctional family structure and inadequate parenting practices can result from parent substance use. Parent substance use significantly affects adolescent substance use. Family interventions for substance using parents have shown promising effects of BSFT in reducing parental substance use and to evaluate the association between parent substance use and related behavior problems. BSFT operates according to the principle that transforming family interactions will help improve the youth’s problem-solving by promoting interactions and changing maladaptive ones.

TAU was randomized to TAU or BSFT. BSFT was provided in four 90-minute sessions during the first month and then monthly for 12 months post randomization to assess adolescent substance use.

Interventions

The study used a secondary analysis of the BSFT effectiveness study conducted in the National Drug Abuse Treatment Clinical Trials Network. The BSFT effectiveness study randomized 490 drug abusing adolescents and their families to either BSFT or TAU. Parents and their adolescents were randomized to BSFT or TAU assignment across eight outpatient treatment programs. Parents and adolescents significantly decreased their alcohol use from baseline to 12 months. Change in family functioning mediated the relationship between BSFT and change in parent alcohol use. Changes in alcohol and drug use may involve a myriad of daily contexts and interactions. TAU was provided in 20 scheduled sessions designed to help adolescents develop and improve their drug treatment.

Data

Ethics

Substance abuse continues to be one of the most pressing public health issues affecting approximately 8.9% of the population and costing the US economy $400 billion dollars in healthcare annually. Forty-six percent of children under age 18 live in a household in which an adult was smoking, drinking, or using drugs. Approximately 1 in 5 (19%) American adults (≥18 years) used a drug or alcohol product—reported alcohol, but not drug use (alcohol only; N=198).

Measures

BSFT (IRR = 1.69, 95% CI [1.16, 2.46]). There were no significant differences in the drug use trajectories for BSFT versus TAU for adolescents of parents in Group 2 or 3. Further analyses also showed a significant treatment difference in the linear parameter for adolescents whose parents were in Group 3, indicating that adolescents in TAU were significantly increasing their substance use over time relative to BSFT in that group (β = 0.91, p = .01).

Conclusions & Discussion

Substance use showed that adolescents of parents in group 3, if they were in BSFT, had 3 times as many median days of reported substance use at baseline compared with children of parents who did not use or did not use alcohol only (N = 202). In contrast, if parents in TAU had a significantly lower trajectory of substance use than those in TAU (β = -3.82, p = .01), their parents used both alcohol and drugs. TAU was also associated with increased alcohol use in parents, and in reducing adolescents’ substance use in families where drug and alcohol use were being discussed. TAU may also decrease alcohol use among parents by improving family functioning.

References Cited

The impact of BSFT on family functioning has been consistently observed in multiple studies, but this is the first study that has shown the positive effects of treatment on substance use for parents. BSFT may achieve reductions in parent alcohol use by improving key aspects of family functioning, such as reducing family conflict, which may be associated with parental use. It is also possible that reductions in parent alcohol use are associated with similar improvements in adolescent substance use. Finally, it is possible that the individual improvements (both parent and adolescent) contribute to and are influenced by changes in family functioning.

Family interventions for parents that target specific tasks and family relationships that are particularly challenging for family therapists that must address more severe problems across multiple family members. It is possible that the effect of BSFT in this subgroup of adolescents was by helping the parent to be more consistent in communication, parenting styles and in resolving conflict. Limitations include limited assessment points (only pre-post examination). 31.8% lost to follow up, and high variability of TAU and associated services which were not tracked for parents.