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# Behaviour Exchange Systems Training: The 'BEST' Approach for Parents Stressed by Adolescent Drug Problems

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*Parents are challenged in the adolescent years by attempts to increase adolescent responsibility while also managing separation issues. Adolescent drug use can exacerbate parental concerns. Parental fears and anxieties surrounding adolescent drug use can undermine opportunities to respond effectively. This paper describes the theoretical rationale for, and early experience of delivering, a brief intervention program designed to assist parents coping with adolescent drug problems. The program emerges out of a hybrid of systems and behaviour therapy principles and has been designed to address issues associated with parenting characterised by a high level of emotional involvement and/or ineffective parental control. Group work encouraging more adolescent responsibility-taking can assist parents disabled by feelings of guilt and failure. As parents develop emotional independence from adolescent behaviour, an appropriate expectation for adolescent control is established.*

## ADOLESCENT DRUG USE—A FAMILY ISSUE

It is in the period between the ages of twelve and 24 years that patterns of drug and alcohol use develop. Although flowering in these years, the seeds of substance use are sown much earlier, with roots going back to a range of areas including temperament, childhood parenting and family relationships. The development of adolescent drug use can shake branches across the family tree.

Experimentation with a wide range of behaviours and lifestyles can be regarded as important training for the development of independence for young people. Although experimentation does not in itself indicate difficulties, more frequent and extended involvement in drug use may be problematic. The Australian national harm minimisation framework defines harmful drug use in terms of direct or indirect harm to oneself or others.

We will describe an intervention program for parents attempting to cope with adolescent drug use. Prior to describing the program and its impact on participants, we discuss some of the conceptual assumptions underpinning the program.

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### Training Opportunities for Parents of Adolescents

A number of research programs document the contribution of early child-rearing practices to adolescent adjustment. In summary, prospective investigations suggest that progression into illicit drug use may be predicted more by the quality of parent–adolescent relationships than by other factors (e.g. Kandel, Treiman, Faust and Single, 1976). Disturbance on the two major parental dimensions of nurturance and/or control have been implicated in a wide range of developmental problems. The emergence of anti-social behaviour associated with chronic alcohol use has received particular attention (Jacob, 1987). This evidence for early determinants of adolescent behaviours often leads to pessimism regarding the opportunities for parenting interventions after the childhood period.

A number of factors challenge the view that adolescence is too late for parenting interventions to make a substantial impact. Perhaps the most important argument to support adolescent parenting interventions is the change in expectations, demands and responsibilities placed on parents through the adolescent years. Systems formulations trace drug abuse back to difficulties encountered in the adolescent's failed attempt to individuate from the family of origin, suggesting that it could be important to assist families to manage this important phase better (e.g. Stanton, Todd and Associates, 1982). Operant behavioural theories have also been used to develop effective substance use treatment interventions (Higgins, Budney, Bickel, Hughes, Foerg and Badger, 1993). In attempts to reduce adolescent

drug abuse, operant models suggest training parents to discourage behaviours compatible with substance use (e.g. mixing with substance using peers) and encouraging behaviours incompatible with use (e.g. responsible activities).

Parents remain a surprisingly important influence through the adolescent years. Eighty six per cent of young people aged fifteen to nineteen years live with their parent(s). The great majority of young people living with parent(s) are economically dependent (60 per cent) while only 26 per cent are fully independent. Even in the older group (20–24 years), the importance of family interdependence appears to be increasing, since over the decade 1981 to 1991, the rate of living at home with parent(s) increased from 34 per cent to 40 per cent (Australian Bureau of Statistics, 1994). As young women marry at an earlier age than young men, men tend to stay at home with parents longer.

Twenty to twenty four year olds living at home and those living independently differ in significant ways: they have lower incomes, are more likely to receive government pension and benefits, to be students, and to have mothers born in Southern Europe, especially Greece, Italy and Yugoslavia. Whereas 40 per cent of all 20–24 year olds live at home, 66 per cent with mothers from Southern Europe live at home, and 72 per cent of those with Greek mothers are at home (Funder, 1995).

Parenting programs delivered to parents of preadolescent children can make an important contribution to the prevention of adolescent substance use. Encouraging relevant parents to attend such programs remains problematic, however (De Marsh and Kumpfer, 1986). Adolescent drug use is often a crisis for parents, galvanising their resolve to seek assistance to change their approach to parenting (Barton, 1991).

## High Involvement Parenting

A variety of formulations have attempted to explain the link between distant, hostile and underinvolved parenting and substance use. According to Pattison's social-learning framework such parenting fails to redress anti-social behaviour and may reinforce coercive behaviour. Such behaviours serve to exclude the young person from a range of social opportunities (Maccoby and Martin, 1983). Recent formulations explore damaged development in the context of more overt abusive parental transgressions (Dembo, Williams, Wothke, Schmeidler and Brown, 1992). A number of substance use prevention interventions have been designed to address parental underinvolvement and/or detachment (De Marsh and Kumpfer, 1986).

Links between highly involved parenting and adolescent substance use are less acknowledged. A number of observers have isolated involvement as a stable and important dimension of parenting. Related concepts include Baldwin's distinction between 'emotional involvement' and 'detachment', Parker and colleagues' identification of 'overprotection' and Ainsworth's notion of 'responsiveness' where parent and child behaviour become linked or enmeshed (see Maccoby and Martin, 1983: 37–38).

A number of family systems formulations identify the overinvolvement of one or more parents in the development of adolescent drug use (Stanton et al., 1982). The latter discuss the common association between critical events surrounding the adolescent's separation from the family, and the manifestation of drug problems. Relevant observations include mothers' reports of a favoured son who was 'good' as a child but became a 'problem' around the point of separation (Stanton et al., 1982). Evidence demonstrates a surprisingly high level of contact between drug users and their family of origin. Reviewing evidence available at that time Stanton concluded that 'the majority of male addicts, particularly those under 35, are involved on a regular basis with one or more of their parents or parent surrogates' (Stanton, 1982: 431).

## Group Work with Highly Involved Parents

Although the family is acknowledged to be important in prevention efforts, attempts to incorporate family members remain underdeveloped in Australia. In part such gaps relate to the overall inadequacy of adolescent prevention and treatment efforts (Premier's Drug Advisory Council, 1996).

The parent training program described in this report has been directed at parents attempting to cope with an adolescent drug problem, where the parents concerned demonstrate significant emotional and personal involvement. The objectives of the parent training program are to: better specify the adjustment tasks facing the adolescent; address parental distress; identify and encourage development of parents' independent interests; and assist parents to encourage adolescent responsibility-taking. We present details of our intervention framework in Table 1.

The current version of our program consists of nine sessions, each of two hours. The first eight sessions run weekly while the final session consists of a follow-up at the sixteenth week. Sessions incorporate between six and twelve families and are led by a family therapist. Other professionals with expertise in clinical work and adolescent health are closely involved and where possible participate in sessions. A translator participates in all sessions delivered to non-English speaking parents. Sessions consist of a mixture of didactic presentations, group discussions and small group problem-solving. Behaviour change strategies have been informed by social reinforcement principles (Meyers, Dominguez and Smith, 1996). Written materials reiterate session messages and folders are provided for participants to retain session materials. Generally time is provided at the beginning of sessions for informal contact between participants. Informal support is increasingly emphasised as sessions progress. Group feedback sessions allow time for parents to express emotions and to integrate the material presented.

The present paper has been based on experience

**Table 1: Content of Behavioural Exchange Systems Training (BEST) program.**

| Session Topic | Session Content | Pre-meeting Homework Assignment |
|---|---|---|
| **Week 1:** *Introduction and familiarisation with the group, exploration of problems.* | *Participants interview one another, investigating their problems and goals.* | *Questionnaire assessing adolescent drug use and parental mental health symptoms.* |
| **Week 2:** *Investigation of drug types and their effects. Introduction to the positive functions of drug use.* | *Didactic instruction followed by participant examination of their positive motivations for alcohol use.* | *Parents invite adolescents to complete an interview regarding the positive benefits of either their own or another's drug use.* |
| **Week 3:** *Exploration of the challenges of adolescent parenting including the need to increase adolescent responsibilities and to plan for life post-children.* | *Adolescent interviews are discussed. Group discussion examines dangers posed through adolescent irresponsibility, the dependency of personal happiness on parenting success.* | *Parents are asked to elaborate personal goals planning for the period after their children have left home.* |
| **Week 4:** *The importance of adolescents' experiencing consequences for decisions. The tendency of parents to take responsibility.* | *Discussion of parents' plans for the future. Exploration of parents' fears. Investigation of the positive qualities of adolescents.* | *Parents are asked to meet together to determine a common stance towards parenting. Sole parents are asked to investigate available sources of support.* |
| **Week 5:** *Investigation of parents' willingness to alter their parenting stance and to encourage adolescents toward more mature responsibility.* | *Parents discuss the need to change their approach to parenting. Some parental encounter regarding the consequences of taking responsibility for adolescents.* | *An inventory of household tasks and responsibilities of family members is completed.* |
| **Weeks 6–7:** *Immature adolescent behaviour is identified and analysed with respect to how it could be more maturely performed. Parents are instructed how to positively reward mature adolescent behaviour.* | *Parents work in small groups to identify behavioural strategies. Parents attempt to maximise their existing support contingent on responsible behaviour.* | *Parents negotiate strategies with adolescents. Problems are noted for further discussion in the meetings.* |
| **Week 8 and Week 16:** *Evaluation, review.* | *Parents discuss progress. Suggestions for improvements to the program are sought.* | *Pre-intervention assessments are repeated.* |

delivering programs to two groups of parents. Our first group, who received a brief six week version of our program, consisted of Greek language parents. Our second group were selected from the more general community and received the complete nine week program.

Our decision to develop an intervention for parents attempting to cope with adolescent substance users followed theoretical recognition that, if appropriately resourced, parents could effectively assist substance use intervention (Toumbourou, 1994). An association was formed between the Odyssey House drug treatment program and the Centre for Adolescent Health. In early 1995 while we were musing on how to develop our parent support program, members of the Odyssey program were invited to participate in a panel for a Greek ethnic radio talk-back session. The panellists received calls mainly from parents distressed about drug use amongst their adolescent children. This experience demonstrated a strong demand for information for parents in this community with the switchboard completely jammed throughout the session and for hours afterwards.

To further assess needs in the Greek community we initiated a relationship with the Australian Greek Welfare Society (AGWS). We were warmly received by the AGWS, who reported that they had experienced an increasing demand from Greek parents for information relating to adolescent drug problems. A public seminar hosted by AGWS in mid 1995 was attended by almost fifty people. Although our attempts to recruit Greek parents relied on public seminars, we have found such seminars to be less relevant to the more general Australian community. We have found newspaper notices to be adequate for recruitment within the general community.

## THE FAMILIES

Our first group of ten Greek speaking parents received a pilot version of the parent support program which did not focus in detail on behaviour change strategies. Details of program participants together with the parenting issues reported are presented in Table 2.

Parents were generally in their late forties. Three grandparents in their sixties attended the Greek parent program. Without exception, parents attending our groups expressed extreme anxiety and distress about adolescent drug use. Issues raised included the perceived danger for the adolescent of drug involvement, feelings of powerlessness, failure and guilt as parents, and confusion regarding appropriate ways of responding. Underlying issues explored within the groups commonly included anger and in many cases grief about the loss of parental ideals.

Groups have generally been very well attended. In each group there has only been one parent who did not attend through to the end of the series. In both cases these parents were contacted after the groups and gave similar reasons for their lapsed involvement. Each had believed the drug use they were attempting to manage was more serious than that being experienced by others in their groups. In one case this belief appeared to be based on an underestimation of other parents' problems.

**Table 2: Program participants and parenting issues.**

| Group | Participants | Common issues reported by parents |
|---|---|---|
| **Group 1: Greek language. Mid 1995** | *Seven families —(two sole parents) —(two fathers)* | *Son 17–23. Chronic marijuana use (five families), other drugs (one family), heroin overdose (one family). Angry and threatening behaviours, communication problems, unemployment (laziness). Son's behaviour creating problems for younger daughter. Parental distress.* |
| **Group 2: General community. Late 1995** | *Nine families —(two sole parents) —(five fathers)* | *Son 16–19 using marijuana (five families) or heroin (one family). Daughter mid 20s injecting heroin (two families). Early teenage daughter left home and using drugs (one family). Arguments, relationship difficulties. Parent distress, feelings of guilt, confusion.* |

### Parent Experiences

In the sections that follow we describe some of the experiences of parents in our program. In general the program appears to have been well received in terms of its ability to relieve their own feelings of responsibility, anxiety and distress and as a process for improving family communication. On the basis of more limited evidence we have reason to believe the program has made a positive contribution to reducing adolescent drug problems.

A major message the program has attempted to deliver concerns the need to convey to the adolescents a sense of responsibility for their decisions and behaviours. Generally families complete our program with a strong conceptual grasp of the position we attempt to convey. Recognising that there may be cultural differences in how the goal of adolescent development is defined, it has been particularly important to monitor the reaction of Greek families to this aspect of the program. Although contact with participants was limited to six weeks, feedback at the end of the program was encouraging.

Three of our Greek families reported that the main benefit they had experienced was the reduction in feelings of guilt and responsibility in relation to the young person's drug use. In many cases parents reported active attempts to convey their new conviction that the adolescent was making an independent decision in electing to use drugs. In five cases families reported improvements in relating to, communicating with and understanding the young person concerned. Such changes were associated with feeling better able to cope with and manage the situation.

A few parents reported no improvement in communication. These parents did report, however, that they felt stronger, as participation had provided opportunities for support, information exchange and contact with others. For example, two parents lacking other support reported having met a number of times to discuss common issues they were facing. In three families, daughters provided feedback that they considered their situation in the household to have improved in association with their parents' involvement in the program.

Although the Greek parent program had not focussed on producing behaviour change, there was evidence of such change in a number of families. One mother reported she had been playing the role of a broker in the context of a breakdown of communication between her husband and her son. In an attempt to offload some of her perceived and actual responsibility for others in her family, she reported sitting her husband and son down and getting them to discuss their problems together. This woman felt the opportunity to share and discuss feelings within the family had contributed to a reduction in her son's drug use.

In attempting to convey a complex message about the value of increasing adolescent responsibility, we have found our analysis of household tasks an important tool. In two cases parents reported having lost control of their homes to sons who spent much of their days smoking marijuana. Following advice to increase the responsibilities of adolescents, one of our families began by asking their son to contribute to the household by paying a third of the phone bill. This action was important for others in the group, modelling how parents might begin to increase the contribution of their adolescents to the adult responsibilities within the home. At the time of our last session two families were meeting together to discuss new rules they might introduce within their homes, to further equalise responsibilities.

There were a number of adolescent behavioural issues that could not be adequately tackled within the brief program for Greek parents. Challenging behaviours reported in these families included arguments, verbal threats, breaking of possessions, dominance displayed in the home and disregard for the safety and well-being of other family members. Many of these issues were of particular concern to parents lacking the support of a partner.

### The Generalist Group

The thirteen parents who participated in our generalist group received an extended program incorporating additional sessions which examined behaviour change techniques, and a follow-up session eight weeks after the end of the program. This program yielded clearer examples of adolescent behaviour change. The timing of changes in adolescent behaviour relative to the delivery of our program suggested, in common with our program delivered to Greek parents, that messages regarding responsibility may have been of benefit to families.

In six of the eight families completing our generalist program, some level of improvement was observed. Where a daughter had been the focus of concern, the daughter had returned home and had ceased drug use. One family described feeling considerable distress during an early session. After the meeting the family contacted their daughter and conveyed their intention to stop taking responsibility for the daughter's decision to use drugs. The parents felt this action had made an impression on their daughter, who returned home very soon after. Recognising their continuing need to nurture, these parents decided to take on foster care work for other families. At our sixteen week follow-up, the daughter was reported to have remained drug free and, more importantly, was reported to 'own her actions and participate in family life'.

For a second family attempting to manage a problem with their daughter's heroin use, behavioural change took longer to occur. In various early sessions this family reported a circular pattern of behaviour. After experiencing violence from her heroin-using boyfriend, the daughter would periodically return home in a state of crisis. Typically the family would nurse her back to health, being told by her all the while that she would leave her boyfriend. The family would be devastated when the daughter would return to heroin use with the boyfriend. The parents, and remaining children, had come to recognise that the support they were providing was ineffective and was having substantial consequences for them as a family. Despite this the parents were unclear whether they should or could be less overtly supportive of their daughter.

Through the program the parents were advised to investigate with their daughter the role she played in her situation. The daughter was encouraged to think about her responsibility in placing herself in a situation of jeopardy. Toward the fifth week of the program the parents determined to address more assertively the daughter's responsibility for her situation. In addition to providing conceptual advice to the parents, the program also provided a referral to appropriate workers, including a domestic violence counsellor with whom the daughter connected. By the eighth week the parents reported their message had made an impact on their daughter, who had returned home, having determined to terminate her relationship. By the sixteenth week, these parents reported that improvements in their daughter's behaviour were being maintained, with the consequence of further improvements in family cohesion and emotional well-being.

Although the need to balance responsibilities in the family is important, many families need support to enact such commitment in their relationships. Three families participating in our program reported reductions in their son's drug use, and in two of these cases the first step had involved parents determining to work together under a common strategy. In both cases this was achieved by fathers playing an increased role in parenting. In one case the development of a common strategy had been brokered by the husband, who managed to convince his divorced wife to follow advice from the program.

Although our remaining families did not report changes in the drug use of their sons, there was evidence that each received some benefit. In a number of cases, parents experienced reduced feelings of responsibility and guilt for their adolescent's drug use. One family continued to experience an escalation in their son's heroin use during the program. Participation in the program helped them identify the importance of not neglecting their daughter's needs through the emotional distress their son's behaviour caused them. Regardless of change in their children's behaviour, parents appeared to benefit through increased opportunities to discuss the emotions they were experiencing. In addition, a number of parents were introduced to services relevant to their needs, through professional contact available via the program.

## SOME REFLECTIONS

In accord with initial predictions, observation of the parents enrolling in our program suggests it is fair to

describe them as highly involved. Typically, parents are extremely supportive of their offspring and generous in providing material aid. A variety of factors undermine the potentially positive support available through such parenting. Problem solving capacity impaired through anxiety and depression, difficulty enforcing behavioural consequences, conflict between parents, and the absence of a supportive partner were all factors we have observed undermining effective parental control. The permissive environment created for the adolescent, together with unconditional parental support, weaken the limits that might otherwise constrain behaviour.

A key initial message of our parent program has been the importance of recovering a personal and emotional life independent of the child. Parents are invited to make goals and plan for their own future desires and happiness independent of what happens to their children. In general parents find this a very difficult and challenging assignment. A number of parents make clear their emotional dependence on the behaviour of their children. 'How can I be happy when my child is using drugs?' is a view heard reasonably frequently from both Greek and non-Greek parents. Through formal presentations and comments within group discussions, session leaders encourage acknowledgement of the links between the adolescent's experience of failure to control drug use and the parent's attempts to take responsibility for the adolescent. As parents come to believe in a connection between increasing adolescent responsibility and improvements in adolescent behaviour they appear more willing to actively undertake their emotional and personal separation from their adolescent children.

Our ideal would be to convey our message to parents in a positive framework, e.g. 'Your children have tremendous positive capacity, please allow them to take more responsibility to assist their development.' Our experience has been that until power imbalances within the family are addressed, such messages are in grave danger of being discounted. Often an intermediate goal becomes that of re-establishing the parents' authority within the family. When parents emphasise a graded increase in adolescent responsibility, the family agenda subtly shifts toward an emphasis on parental leadership while also conveying to adolescents a sense of their capacity for maturity. In their attempts to support their children, families can underemphasise the importance of fostering mutual respect in relationships. One couple, while protesting about an adolescent's marijuana smoking, was told 'This is my room so leave me alone'. The reality for these parents was 'It's our house and until you pay some board, it's our room and we get to set the rules'.

By asserting their legitimate position within the home, and demanding reasonable responsibilities, parents set the conditions for dramatic change in their adolescent children's lives. Many young people found it necessary to modify their lifestyle once requests for a social or economic contribution to the family were made. Broader socioeconomic factors, which reduce youth job opportunities and foster retention in education and training, make it difficult for adolescents to make an economic contribution to their family. By encouraging more balanced assignment of responsibility, families are in a position to contribute to adolescent maturity and self-respect, with the consequence of enhanced well-being for other family members.

There are a range of principles emerging from this program that may have relevance to clinicians working with parents distressed by adolescent drug use behaviour (further clinical reflections are provided in Blyth, Toumbourou and Bamberg, in press). It is apparent that parents benefit from the opportunity to discuss their feelings. In establishing a focus on the parents, clinicians should be prepared to face questions regarding the relevance of such enquiry to the adolescent's behaviour. In such circumstances, it appears useful to tell parents that adolescents ideally move from being dependent children to a more mature ability to share responsibility. Most parents will find the task of separating from the adolescent challenging, and such difficulties will be exacerbated where drug use is implicated. The behavioural modelling, communication and support available through group work appears useful in facilitating these tasks. Behavioural approaches encouraging responsible adolescent behaviours and consequential learning are important in limiting opportunities for adolescent preoccupation with drugs. Before parents are able to integrate such strategies, they may require support to resolve the disabling emotions associated with over-involvement in adolescent behaviours.

## Conclusion

Although not wishing to suggest that our program is a panacea, we believe that our early experience delivering a program for parents attempting to cope with adolescent substance use has provided some reason for optimism. Indicators to date are limited to clinical observation over a relatively brief time frame. A more systematic evaluation of this program, using a waiting list control strategy, is under way. Although delivery of programs to Greek language parents has been limited, experience suggests this program may hold promise for ethnic communities experiencing increasing distress through adolescent drug abuse.

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