

Project Hope Blends Evidence-Based Family Interventions That Prevent Depression and Substance Use in High-Risk Adolescents

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Many family-based preventive interventions target a single outcome, such as substance use or depression. Yet there is a need for family programs explicitly designed to prevent co-occurring emotional and behavioral problems in order to reduce the significant personal, social, and financial costs associated with co-occurrence. To address this need, researchers at SDRG and the University of Washington developed and evaluated Project Hope, a family intervention for the prevention of both depression and substance use among adolescent-aged children. Youth targeted by the intervention were at high risk for these problems because they had a parent diagnosed with depression.

The developers of Project Hope borrowed from two existing tested and effective fully manualized prevention programs. The first, Hope, Meaning, and Continuity, is a 6-session clinician-facilitated psycho-educational intervention for families in which one or both parents experience depression and with at least one child between ages 8-15 years. Studies have found that Hope, Meaning and Continuity significantly increased parent and child knowledge about depression as well as the adoption of new strategies for coping with depression, and decreased depressive

symptoms in children up to 2.5 years post-intervention. It is sufficiently intensive to be appropriate for higher risk families. The second, Family Matters, is a health educator-facilitated universal preventive intervention for families with youth aged 12-14 shown to effectively prevent the initiation of alcohol and tobacco use by youth.

Project Hope is a 10-session manualized family-based intervention that integrates and extends components of these two interventions. The program is designed for families with at least one depressed parent and a 12- to 15-year old adolescent not suffering from depression or substance abuse. The goal is to prevent adolescent depression, substance use, and their co-occurrence by strengthening parenting and family relationships and enhancing resilience among youth. Weekly sessions are facilitated by trained master's-level clinicians in the homes of participating families. Specific components include providing information on depression; depression-specific coping; information on substance use; family rules for substance use; refusal skills; general coping; parenting skills; family bonding and relationship quality; information on the co-occurrence of depression and substance use;

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To understand and promote healthy behaviors and positive social development among diverse populations, we:

- ◆ Conduct research on factors that influence development
- ◆ Develop and test the effectiveness of interventions
- ◆ Study service systems and work to improve them
- ◆ Advocate for science-based solutions to health and behavior problems
- ◆ Disseminate knowledge, tools, and expertise produced by this research

Key Messages

- A small-scale evaluation of Project Hope offers evidence of:
 - * Improvement in family communication about depression
 - * Decline in poor parent supervision
 - * Stronger parent coping skills
 - * Reduction in adolescent alcohol use
- A larger evaluation is warranted to substantiate the promising findings attributed to Project Hope, further testing a blended intervention to prevent co-occurring problems in vulnerable youth

Table 1. Project Hope session content

<u>Session</u>	<u>Participants (Duration)</u>	<u>Selected Goals</u>
1. Introduction and sharing stories	Parents and youth (90 min)	Introduce the intervention and set goals
2. Youth risk and resilience	Parents and youth (90 min)	Present information about depression, substance use, and their co-occurrence
3. From the adolescent's perspective	Youth (60 min)	Develop rapport and determine functioning Teach strategies for coping with problems
4. Strengthening communication skills	Parents (60 min)	Provide an overview of adolescent development Review and practice skills for improving communication and reducing family conflict
5. Preparing for family meeting - depression	Parents (90 min)	Prepare parents to conduct family meeting Link parents' perception of depression with that of the youth's experience of their depression
6. Family meeting - depression	Entire family (60 min)	Facilitate a shared understanding of depression Help family members relate general information about depression to their specific experience
7. Preparing for family meeting - adolescent substance use	Parents (60 min)	Prepare parents to conduct family meeting Help parents to establish clear rules and consequences about youth substance use
8. Family meeting - adolescent substance use	Entire family (60 min)	Help parents share substance use rules Help youth understand consequences of substance use
9. Outside influences and resources	Parents and youth (75 min)	Inform parents about contextual influences, primarily with regard to peers and media Teach methods to promote positive influences
10. Review and hope for the future	Entire family (50 min)	Review previous sessions Help families map out post-intervention goals Recognize and celebrate the family's progress

and co-occurrence-specific coping skills. The content of the 10 weekly sessions is summarized in Table 1.

Findings from a preliminary randomized evaluation with 30 families provided some evidence for significant improvement in the sharing of information about depression, family management, coping, and youth substance use among families receiving Project Hope compared to control families. Project Hope families experienced greater comfort sharing information about depression and talking with children about depression, declines in poor supervision, stronger coping, and

reduced adolescent alcohol use, with a trend toward improved parent-child relationship quality. The researchers caution that findings are qualified by the small size and scope of the study.

Given the encouraging findings of the pilot trial of Project Hope, program developers plan further research with larger samples, longer follow-ups, and expanded assessments of family functioning. Their work highlights the importance of developing and testing thoughtful adaptations of existing evidence-based interventions to prevent co-occurring problems in vulnerable youth.

For additional information on this topic, please refer to the original article:

Mason, W. Alex, Haggerty, Kevin P., Fleming, Andrew P., Casey-Goldstein, Mary (2012). **Family intervention to prevent depression and substance use among adolescents of depressed parents.** *Journal of Child and Family Studies, 21(6), 891-905.*

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