

## THE IMPLEMENTATION OF A FAMILY-BASED INTERVENTION (BEST) FOR YOUTH SUBSTANCE ABUSE IN WESTERN AUSTRALIA

### Overview of the BEST Program

The BEST (Behaviour Exchange and Systems Therapy) program is an evidence-based group intervention program that aims to address substance use problems among youth with co-morbid mental health issues. The BEST program was developed by Professor Andrew Lewis (the head of our research team) and colleagues, and has primarily been implemented and disseminated in Victoria. It is an eight week multi-family group program for parents of at-risk youth, with identified adolescent (and any siblings) invited to attend for the final four sessions. The BEST program specifically targets familial relationships by focusing on family communication patterns, parent-child boundary setting, parenting styles, family stress, family goals, parental self-care, and family cohesion.

The program logic has been developed and published, the program is fully manualised, a two-day facilitator training has been developed and evaluated, over 100 practitioners in Victoria have been trained, and the results—both quantitative and qualitative—of several fully-funded randomised controlled trials (RCTs) have been published in top-tier international journals.

### Evidence base for BEST

Papers published showing a wide range of positive outcomes over several RCTs include the following:

Poole, L. A., Knight, T., Toumbourou, J. W., Lubman, D. I., Bertino, M. D., & Lewis, A. J. (2018). A randomized controlled trial of the impact of a family-based adolescent depression intervention on both youth and parent mental health outcomes. *Journal of Abnormal Child Psychology*, 46(1), 169-181.

Poole, L. A., Lewis, A. J., Toumbourou, J. W., Knight, T., Bertino, M. D., & Pryor, R. (2017). A Multi-Family Group Intervention for Adolescent Depression: The BEST MOOD Program. *Family Process*, 56(2), 317-330.

Gilbo, C., Knight, T., Lewis, A. J., Toumbourou, J. W., & Bertino, M. D. (2015). A qualitative evaluation of an intervention for parents of adolescents with mental disorders: the parenting challenging adolescents seminar. *Journal of Child and Family Studies*, 24(9), 2532-2543.

Lewis, A. J., Bertino, M., Skewes, J., Shand, L., Borojevic, N., Lubman, D., Knight, T. & Toumbourou, J. W. (2013). The Family Options Clinical Trial: Engaging Youth with Depressive Disorders Using Family Based Interventions: Study Protocol for a Randomised Controlled Trial. *Trials*. doi: 10.1186/1745-6215-14-384

Lewis, A. J., Bertino, M., Knight, T., & Toumbourou, J. (2015). Consumer feedback in Adolescent Mental Health. In Areej Hassan (Ed.), *Adolescent Mental Health: Connections to the Community* (pp. 297–316). Apple Academic Press. doi: 10.1201/b18222-19

Lewis, A. J., Bertino, M., Toumbourou, J., Ricciardelli, L., & Knight, T. (2010). *Deakin Family Options: A randomised controlled trial of enhanced cognitive therapy and family education for youth depression, anxiety and substance use*. Report for Beyond Blue: the National Depression Initiative.

Bertino, M. D., Richens, K., Knight, T. W., Toumbourou, J. W., Ricciardelli, L. A., & Lewis, A. J. (2013). Reducing parental anxiety using a family based intervention for youth mental health: A randomized controlled trial. *Open Journal of Psychiatry*, 3, 173-185.

Bamberg, J. H., Toumbourou, J. W., & Marks, R. (2008) Including the siblings of youth substance abusers in a parent-focused intervention: a pilot test of the Best Plus program. *Journal of Psychoactive Drugs*, 40(3), 281-291.

The above publications provide a substantial evidence-base indicating that the BEST model is highly effective in engaging at-risk youth who would otherwise not access the mental health or community health system for treatment. It has also been shown repeatedly to be effective in reducing substance use, mental health symptoms and improving family functioning. Using a systemic approach to assist youth provides vital support to parents and carers who in turn are able to more effectively assist their young people. The program has a proven record of realising reductions in harmful substance abuse, at-risk behaviour including conduct and criminal behaviour, and improved mental health.

The program has very good evidence that improved family function is the key to making these changes. In the original evaluation, BEST was shown to significantly improve parenting satisfaction and reduce family stress (Toumbourou, Blyth et al. 2001). In another study of 34 parents participating in BEST, pre- to post-evaluations showed significant improvements in a number of treatment process mediators including: cohesive family behaviours, parents' emotional dependence on their children's behaviour, and parental stress (Bamberg, Toumbourou et al. 2008, Toumbourou and Bamberg 2008).

The most comprehensive evaluation undertaken to date, The Family Options study, was designed to compare the relative efficacy of family-based treatment to treatment-as-usual (Lewis, Bertino et al. 2013). A large-scale multicentre trial of BEST has been completed. It was funded by the Australian Research Council (ARC), and supported financially by Beyond Blue, Turning Point Drug and Alcohol Centre, Drummond Street Services, and the Australian Drug Foundation. The results of this evaluation were very positive. The BEST program was compared to current family practice for youth mental health, which was a supportive parent therapy. A number of papers have reported these and other findings of our work evaluating BEST (Lewis, Bertino et al. 2012; Gilbo, Knight et al. 2015; Lewis, Knight et al. 2015; Poole, Knight et al. 2017; Poole, Lewis et al. 2017). In this trial, BEST showed excellent capacity to engage 70% of adolescents who initially refused service and was significantly more effective than the control condition in reducing parental stress and depression, though both conditions produced large reductions in youth mental health symptoms. BEST is listed as an evidence-supported program in the Communities that Care evidence summary for family based treatment and prevention programs for reducing youth problem behaviours, including harmful substance use, low academic achievement and violence.

### **Overview of the BEST Implementation Project**

The overall aim of the current project is to implement, for the first time in Western Australia, an evidence-based intervention for adolescents presenting with substance abuse. To date, Victoria is the only State in Australia that has implemented and disseminated the BEST program.

There are two major target groups for our project. First, we will deliver the BEST program from the Murdoch Psychology Clinic to 100 families in our catchment area over 2019 to 2021. Second, we will

train clinicians from local service providers in the BEST model and facilitate the implementation of the model into their service delivery.

This project will be funded by the Department of Justice, through their Criminal Property Confiscation Grants Program. Their funding has been approved to cover:

1. Delivery of 20 BEST groups in the Southern Corridor of Perth, targeting at-risk young people 12-24 years of age. We aim to engage 100 families and their adolescents presenting with substance use and conduct problems.
2. Training of 40 staff from existing local mental health/drug and alcohol services to become accredited BEST facilitators and continue to deliver the program after the end of the current funding.
3. Evaluation of outcomes of implementation and training of the BEST program in Perth.

### **The Project Team**

The Project will be completed by a highly experienced team that have a successful track-record collaborating to ensure high quality clinical training, service delivery and project evaluation. The specific staff who will implement the Project are as follows:

#### ***Professor Andrew Lewis***

Prof Lewis is a Clinical Psychologist with a PhD from Monash University. He will be the project lead and has led many successful intervention development, evaluation and research teams in his 25-year career as a clinical psychologist and academic. For example, he has led the Family Options study since 2008 and has been the principle investigator on three successful funding applications for over \$600,000 in total funding. As previously mentioned, this study was a randomised controlled trial (RCT) of family-based interventions for adolescent depression (12-18 years of age). The study attracted ARC funding and financial support from four industry partners, five investigators and had a team of over 20 staff for three years. Prof Lewis also is co-director of the Pregnancy Emotional Well-being study conducted in the Department of Perinatal Mental Health at the Mercy Hospital for Woman since 2006, which has been awarded over \$1.5 million dollars in NHMRC and other funding since 2012. Prof Lewis is the Director of the Clinical Psychology Program at Murdoch. Over a period of more than 10 years in Victoria, he led the development and evaluation of BEST as an intervention for youth and families presenting with substance use problems among youth with co-morbid mental health. Prof Lewis moved to Murdoch University in Perth in 2016 and therefore the current Project is to implement and evaluate the BEST model in Perth, Western Australia. Prof Lewis has an international reputation in the area of child and adolescent mental health. Prof Lewis is a chief investigator on grants totalling more than \$5 million and awarded competitive grants by 16 funding bodies including the NHMRC, ARC (both Linkage and Discovery grants) and six Beyond Blue grants—including National Priority funding in 2010. Prof Lewis is the developer and an accredited trainer in the BEST model.

#### ***Dr Renita Almeida***

Dr Almeida is the Co-Director of the Murdoch Psychology Clinic and is a Clinical Psychologist and trained in Family Therapy. She will have a role in training, clinical governance and clinical supervision. She has a PhD in Clinical Psychology from UWA and has training in Family Systems therapy from the Ackerman Institute in New York City. She also had clinical experience working in Rockingham in the Child Protection area.

#### ***Ms Amanda O'Donovan***

Amanda is the other Co-Director of the Murdoch Clinic and is a Clinical Psychologist with over 20 years of experience. Her role will be to focus on the recruitment and referral process to deliver the BEST

program in the Murdoch Psychology Clinic. Amanda has more than 20 years of experience running Clinical services in London within the NHS.

#### ***Dr Alex Metse***

Dr Metse is a Clinical Psychologist with a PhD from the University of Newcastle. She has extensive experience in evaluation and implementation research. She will take a lead in the evaluation of the implementation within local services—as part of her PhD research, managed a large ( $N=750$ ), multicentre randomised controlled trial assessing the effectiveness of a 16-week multimodal smoking cessation intervention delivered to psychiatric inpatients upon discharge. Outcomes were assessed at 1, 6 and 12-months post-discharge. As well as managing project logistics and staff, Dr Metse developed measurement protocols and data management systems, and led data-analyses and manuscript preparation (7 manuscripts published from this project to date). Since PhD completion, Dr Metse has worked as a post-doctoral research fellow in a team focused on improving the physical health of persons with a mental illness, via implementation research aimed at improving the provision of preventative care for chronic disease risk behaviours delivered by in mental health services.

#### **Governance of the Project**

The project will be managed and monitored on a regular basis, through two formal processes.

##### **1. Working Group Meetings**

We will hold working group meetings on a fortnightly basis. Such meetings will involve Professor Lewis, Ms O'Donovan, Dr Almeida, Dr Metse and all staff hired to assist with program delivery. The purpose of these meetings will be to regularly review logistic issues, explore opportunities for greater service engagement, and consider process statistics on participant group attendance and staff uptake of training.

##### **2. Steering Committee Meetings**

Steering Committee meetings will be held tri-monthly and involve all Project Team members as well as representatives from each health service engaged in the project. These meetings will serve as a forum for health services to provide feedback to the Project Team and discuss opportunities for improvement in program delivery.

#### **Details of Project Involvement by Partner Services**

Partner Services' involvement in the project might include any or a combination of the following:

##### **1. *Being a Steering Committee Member***

Having a representative from the Partner Service to be a part of the Steering Committee for this project.

##### **2. *Providing Staff for Training in the BEST Model***

Selecting staff from the Partner Service to receive free training on the BEST program, which will include (i) a two-day course, delivered by Prof Lewis and another accredited trainer at the Murdoch University Psychology Clinic, and (ii) in-vivo supervision or provision of training tapes to the program developers to establish program fidelity.

##### **3. *Referring Young Persons and Their Families for Therapy Utilising the BEST Model***

Referring any young persons who have been identified to be engaging in substance use and displaying conduct problems, and their families, to receive the BEST group intervention for free.