J Child Fam Stud (2010) 19:697–701
DOI 10.1007/s10826-010-9356-9

ORIGINAL PAPER

A Pilot Study of a Brief Motivational Intervention to Enhance Parental Engagement: A Brief Report

Emma Sterrett · Deborah J. Jones · Alecia Zalot · Sarah Shook

Published online: 3 February 2010
© Springer Science+Business Media, LLC 2010

Abstract Although research has shown that multi-systemic interventions (MSIs) improve youth psychosocial functioning, MSI dissemination has been hampered by low levels of parent participation. The current pilot project was designed to examine the effectiveness of a brief motivational interviewing (MI) protocol to increase parental engagement in an MSI for youth suspended from middle and high school. Preliminary findings suggest that parents who received brief MI were more likely to attend a parent-training workshop and reported greater satisfaction with the parenting workshops than parents who did not. Parents in the brief MI group also reported a relatively high level of satisfaction with the MI procedures. Implications for future research and MSIs are discussed.

Keywords Parents · Engagement · Multisystemic · Motivational · Intervention

Introduction

Multi-systemic interventions (MSIs), which target multiple ecological influences (e.g., community, parenting, individual predisposition) on youth behavior, successfully reduce a host of youth psychosocial and familial difficulties (e.g., see Curtis et al. 2004; Rowe and Liddle 2002, for reviews). A primary challenge to the success of most community-based MSIs has been low rates of parent participation, which, in turn, decreases the opportunity to improve youth psychosocial functioning (e.g., Dishion et al. 2002; Metropolitan Area Child Study Research Group 2002; Prinz et al. 2001). The current pilot project aimed to enhance parental participation in one community-based MSI targeting youth suspended from local middle or high schools by utilizing a brief motivational interviewing (MI; Miller 1983) intervention.

MI is an intervention developed to reduce client ambivalence and increase intrinsic motivation to change (Miller 1983). Although originally developed to enhance engagement in substance abuse treatment (for reviews, see Dunn et al. 2001; Tait and Hulse 2003), MI has since been used to address problems with participation and engagement in treatment with a variety of other groups confronting difficult behavioral changes (e.g., Carey et al. 1997; Smith et al. 1997; Treasure et al. 1999), including parental engagement in therapies for children and adolescents (Nock and Kazdin 2005). Relatively brief MI procedures have also been used in times of crisis (e.g., adolescents in an emergency room following an alcohol-related event or injury) to capitalize on potential increases in the motivation of individuals and families to move toward change (e.g., Dunn et al. 2004; Monti et al. 2001).

Building upon the success of MI generally and brief MI interventions in particular, we hypothesized that MI would enhance parental participation in the parenting component of a local multi-systemic community-based program targeting families in a time of crisis, the suspension of a child from school. Of note, only 6% of youth had a parent attend

E. Sterrett · D. J. Jones (✉)
Department of Psychology, UNC Chapel Hill, Chapel Hill, NC 27599, USA
e-mail: djjones@email.unc.edu

A. Zalot
University Health Services, Yale University, New Haven, CT, USA

S. Shook
Department of Psychiatry, Duke University ADHD Program, Duke University Medical Center, Durham, NC, USA

at least one parenting workshop in the academic year preceding the academic year in which the current data was collected. We predicted that, compared to parents in the control condition, parents receiving brief MI would be more likely to attend a parenting workshop, report higher satisfaction with the workshops, and report fewer obstacles to attending.

Methods

Participants

Our data was collected from mothers of 24 youth (80% male; 62.5% African American; 61% in high school) suspended from middle and high schools in one school system in the Southeastern United States over the course of one academic year. Most (75.9%) mothers had at least some college education and the majority (70%) of mothers were single (never married, divorced/separated, or widowed).

Recruitment

We recruited parents at a MSI facilitated by a local community agency, in coordination with a local school system, which targets youth suspended from school. All youth in the local middle and high schools that are given an out-of-school suspension have the option of attending the MSI, which operates during school hours, as opposed to serving their suspension at home. The MSI program includes individual (e.g., coping skills), school (e.g., problem-solving return to school), community (e.g., mentor), and family (i.e., case coordination/transition back to school meetings) components. In addition, monthly parent education workshops, the focus of our study, address a range of parenting and parent–child relationship skills, such as monitoring and communication. To ease logistical concerns related to attendance at the workshops, the agency offers free parking, childcare services, and dinner. All parents of youth enrolled in the MSI program are informed of the workshops at an initial meeting with program staff, given the schedule of topics, and strongly encouraged to attend.

Procedures

The Behavioral IRB at the University of North Carolina at Chapel Hill approved all study procedures. We recruited families on the day of their child's enrollment in the MSI program (i.e., first day of school suspension) and randomly assigned to the brief MI ($n = 13$) or the standard ($n = 11$) groups. Parents assigned to the brief MI condition participated in an initial in-person session with a member of our team, one of three masters level therapists enrolled in a doctoral program in clinical psychology and supervised by a licensed clinical psychologist. The initial in-person session was conducted immediately after the parents' initial meeting with MSI program personnel, followed by a series of follow-up telephone calls. During the initial session, parents completed items from two parenting questionnaires, one assessing parental monitoring (Stattin and Kerr 2000) and the other assessing parent–child relationship quality (Prinz et al. 1979). Based on parental responses, we made recommendations regarding the workshops that most directly addressed identified parenting challenges. Finally, we encouraged parents to identify obstacles to attending workshops (e.g., "I don't have childcare") and we discussed potential solutions (e.g., "Did you know that childcare is provided?").

Following the initial session, we called each parent in the brief MI group prior to the next parenting workshop to cover the following: Day and time of the workshop; the topic that would be covered; and how the topic was relevant to their particular circumstance. If we could not reach a family, we left a brief voicemail message reminding them of the day, time, and topic, as well as that we would call afterward to discuss how the session went. After each workshop, we contacted parents for a follow-up MI interview. If parents attended the parenting workshop, project staff facilitated a discussed of the workshop topic and the extent to which parents believed that they could incorporate the information/skill into their own parenting behaviors. In addition, we utilized MI procedures to discuss reasons for attending the next workshop. If the parent did not attend, we used MI procedures to facilitate a discussion of the reasons that led to this decision (e.g., identifying barriers to attending, both practical, such as lack of childcare, and psychological, such as fears about talking in a group). In addition, we used MI procedures to foster parental motivation to attend the next workshop (e.g., reminding them of the topic, the relevance of the topic to their family).

Parents assigned to the standard condition also participated in an initial session following their intake meeting, during which they completed the parenting assessment questionnaire. They had no further interactions with our team until the end of data collection, at which time we contacted families to complete and return another questionnaire.

Measures

Parental Attendance

Parental attendance was assessed using the sign-in sheet at each parent-training workshop.

Parental Satisfaction

Parents completed a three-item questionnaire regarding their satisfaction with the parenting workshops: "How helpful were the parenting workshops that you attended overall?," "How helpful were the parenting workshops that you attended for parenting your child?," and "How helpful were the parenting workshops that you attended for dealing with other issues related to your child?" Response options for each ranged from 0 (not at all helpful) to 4 (very helpful). In addition, MI families completed an additional three questions regarding satisfaction with MI procedures: "How helpful were the staff during the initial session?," "How helpful were the staff during the telephone check-ins?," and "How satisfied were you with the telephone check-ins?" Response options ranged from 0 (not at all helpful) to 4 (very helpful).

Obstacles to Participation

Families were asked to indicate which of the following obstacles interfered with their ability to attend one or more workshops: (a) time of day, (b) transportation, (c) other obligations, (d) lack of child-care, (e) lack of interest, and (f) other. In addition, MI families were asked to indicate which of the following were obstacles to the telephone check-ins: busy schedule, other obligations, difficulty finding privacy, felt impersonal, difficult to hear, other.

Results

Preliminary Analyses

No significant differences ($p < .05$) emerged between the brief MI and standard group on any of the demographic variables collected (i.e., child gender, maternal education, ethnicity, maternal marital status).

Parental Attendance at Parenting Workshops

Chi-square analyses ($\chi^2 = 4.61$, $p < .05$) revealed that brief MI families (69%) were more likely to attend at least one workshop than standard families (24%). On average, MI parents attended 1 session, while on average parents in the standard group attended none.

Parental Satisfaction with Parenting Workshops

One-way ANOVAs revealed no significant differences in satisfaction between the brief MI and standard groups; however, a non-significant trend in the means suggested that the brief MI parents found the workshops more helpful: overall ($M = 3.2$ brief MI; $M = 3.0$ standard); with parenting their children ($M = 2.8$ brief MI; $M = 2.5$ standard); and with other issues ($M = 3.0$ brief MI; $M = 2.5$ standard).

Obstacles to Attending Parenting Session

Chi-square analyses also revealed that there were no significant differences in the number or types of obstacles to attending the parent training workshops reported by parents in the standard versus MI groups, with one exception. Contrary to the study hypotheses, significantly more parents in the MI group (53.8%) relative to the standard group (9.1%) endorsed "other obligation" as an obstacle" ($\chi^2 = 5.37$, $p < .05$).

Parental Satisfaction with Brief MI

Families in the brief MI group had a positive response to MI procedures, reporting that project staff members were helpful during the initial session ($M = 3.75$; SD = .46), staff were helpful during the telephone check-ins ($M = 3.57$; SD = .53), and overall satisfaction with phone check-ins ($M = 3.71$; SD = .49).

Obstacles to Brief MI Telephone Sessions

With regard to obstacles to participation in the telephone check-ins, the following were endorsed by families in the brief MI group: busy schedule (8%), other obligations (25%), difficulty finding privacy (8%), and other (8%).

Discussion

Findings of our study indicate that brief MI may be a promising adjunct strategy to increase parent participation in MSIs, particularly after a difficult event in the family (i.e., youth out of school suspension). Mothers in both the brief MI (69%) and standard (24%) groups were more likely to attend at least one session than mothers of youth enrolled in the MSI program the previous academic year. However, parents in the brief MI group were more likely to attend at least one parenting workshop and reported greater satisfaction with workshops than parents in the standard group. In addition, brief MI parents reported a relatively high level of satisfaction with MI procedures, further indicating the promising nature of this intervention. Contrary to our hypotheses, there were no significant differences in the reported obstacles to attending the parenting workshops between the two groups, with one notable exception: Parents in the brief MI group were more, rather than less, likely, to endorse "other obligation" as an

obstacle to attending the workshops. Although a better understanding of this unexpected finding is beyond our current data, one possibility merits consideration. Some parents in the MI group discussed many of the obstacles listed on the survey (e.g., childcare, transportation etc.) with our project staff, then still failed to attend even one session. Thus, it is likely that either something came up that mothers could not predict (e.g., school meeting for another child) or that the calls did not successfully assist mothers to identify the real obstacles to attendance. For example, it may be easier for mothers to identify practical barriers (e.g., child-care) during brief phone calls, which the therapists assisted with solving (e.g., "the program provides child-care") than to discuss more psychological reasons for reluctance to attend (e.g., embarrassment regarding their child's offense at school, fear that parents/workshop leaders may negatively evaluate their parenting, anxiety about participating in a group).

Our pilot study had several strengths. First, our study contributes to a growing field acknowledging the influence of motivation across various types of behavior change, including parental engagement in therapies for children and adolescents (Nock and Kazdin 2005). Related to this point, our project utilizes established brief MI procedures with the aim of addressing a critical limitation of MSIs, parental engagement. In turn, the results suggest a promising adjunct strategy for enhancing parental engagement in MSIs and, in turn, increasing the opportunity for success with youth. Third, the sample in this study was relatively diverse, providing an initial indication that brief MI may be effective in increasing parent participation in ethnic majority and minority groups. Confidence in our preliminary findings is also increased by the multiple outcomes assessed related to participation and satisfaction with the intervention. Finally, our study is promising in its inclusion of brief MI as part of an MSI run by a community agency-school district partnership, which indicates the portability of brief MI procedures and the willingness of community-based agencies to implement them into their ongoing MSIs.

The limitations also merit attention. The pilot nature of our study and small sample size limit the rigor of the analyses. Replications with larger samples are necessary to increase confidence in current findings. In addition, assessments of the effects of MI on parenting behavior, parent–child relationship quality, and youth adjustment will provide more information regarding the potential cascading effect of increasing parental attendance in MSIs (i.e., MI increases parental attendance, which in turn increases positive parenting, which in turn enhances child outcomes). Our study also did not assess the stage of change (i.e., pre-contemplation, contemplation, action, maintenance, relapse; Prochaska and DiClemente 1982) of parents at the start of the intervention. Given that MI parents were more likely to indicate "other obstacles" precluded attendance, more information about the stage of change for each of the participating parents would likely have guided a more tailored brief MI approach. Finally, our current methodology precluded disentangling whether simply receiving telephone reminders accounted for the differences between the MI and standard groups; however, prior work suggests that reminders alone do not increase parental engagement (Watt et al. 2007).

The ability of MSIs to increase youth adjustment has received widespread support in the literature; yet, like other empirically supported treatments, there has been a lag in the dissemination of MSIs (Herschell et al. 2006) and difficulties engaging parents (e.g., Dishion et al. 2002; Metropolitan Area Child Study Research Group 2002; Prinz et al. 2001). The addition of brief MI may be an important step in translating research findings to community settings, and, in turn, increasing the ability of MSIs to improve youth psychosocial functioning.

Acknowledgments Funding for this project came from the National Center for Injury Prevention and Control, University of North Carolina at Chapel Hill Injury Prevention Research Center (IPRC) Faculty Small Grants Program. Our sincerest appreciation is expressed to Carol Runyan, PhD, Director of IPRC, and Desmond Runyan, MD, DrPH, for their support of this and related work. We would also like to acknowledge the families who participated in this project, as well as the staff in the local MSI at the time that the study was conducted, Tami Pfeiffer, MSW, Program Director, who continues to be on staff, as well as Katherine Rossi and Julie Wells.

References

Carey, M. P., Maisto, S. A., Kalichman, S. C., Forsyth, A. D., Wright, E. M., & Johnson, B. T. (1997). Enhancing motivation to reduce the risk of HIV infection for economically disadvantaged urban women. *Journal of Consulting and Clinical Psychology, 65*, 531–541.

Curtis, N. M., Ronan, K. R., & Borduin, C. M. (2004). Multisystemic treatment: A meta-analysis of outcome studies. *Journal of Family Psychology, 18*, 411–419.

Dishion, T. J., Kavanagh, K., Schneiger, A., Nelson, S., & Kaufman, N. K. (2002). Preventing early adolescent substance use: A family-centered strategy for the public middle school. *Prevention Science, 3*, 191–201.

Dunn, C., Deroo, L., & Rivara, F. P. (2001). The use of brief interventions adapted from motivational interviewing across behavioral domains: A systematic review. *Addiction, 96*, 1725–1742.

Dunn, C., Droesch, R. M., Johnston, B. D., & Rivara, F. (2004). Motivational interviewing with injured adolescents in the emergency department: In-session predictors of change. *Behavioural and Cognitive Psychotherapy, 32*, 113–116.

Herschell, A. D., McNeil, C. B., & McNeil, D. W. (2006). Clinical child psychology's progress in disseminating empirically supported treatments. *Clinical Psychology: Science and Practice, 11*, 267–288.

Metropolitan Area Child Study Research Group. (2002). A cognitive-ecological approach to preventing aggression in urban settings:

Initial outcomes for high-risk children. *Journal of Consulting and Clinical Psychology, 70*, 179–194.

Miller, W. R. (1983). Motivational interviewing with problem drinkers. *Behavioural Psychotherapy, 11*, 147–172.

Monti, P. M., Barnett, N. P., O'Leary, T. A., & Colby, S. M. (2001). Motivational enhancement for alcohol-involved adolescents. In P. M. Monti, S. M. Colby, & T. A. O'Leary (Eds.), *Adolescents, alcohol, and substance abuse* (pp. 145–182). New York: The Guilford Press.

Nock, M. K., & Kazdin, A. E. (2005). Randomized controlled trial of a brief intervention for increasing participation in parent management training. *Journal of Consulting and Clinical Psychology, 73*, 872–879.

Prinz, R. J., Foster, S., Kent, R. N., & O'Leary, K. D. (1979). Multivariate assessment of conflict in distressed and nondistressed mother-adolescent dyads. *Journal of Applied Behavior Analysis, 12*, 691–700.

Prinz, R. J., Smith, E. P., Dumas, J. E., Laughlin, J. E., White, D. W., & Barron, R. (2001). Recruitment and retention of participants in prevention trials involving family-based interventions. *American Journal of Preventive Medicine, 20*, 31–37.

Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research, and Practice, 19*, 276–288.

Rowe, C. L., & Liddle, H. A. (2002). Substance abuse. In D. Sprenkle (Ed.), *Effectiveness research in marriage and family therapy* (pp. 53–87). Virginia: American Association for Marriage and Family Therapy.

Smith, P. B., Weinman, M. L., & Parrilli, J. (1997). The role of condom motivation education in the reduction of new and reinfection rates of sexually transmitted diseases among inner-city female adolescents. *Patient Education and Counseling, 31*, 77–81.

Stattin, H., & Kerr, M. (2000). Parental monitoring: A reinterpretation. *Child Development, 71*(4), 1072–1085.

Tait, R. J., & Hulse, G. K. (2003). A systematic review of the effectiveness of brief interventions with substance using adolescents by type of drug. *Drug and Alcohol review, 22*, 337–346.

Treasure, J. L., Katzman, M., Schmidt, U., Troop, N., Todd, G., & De Silva, P. (1999). Engagement and outcome in the treatment of bulimia nervosa: First phase of a sequential design comparing motivation enhancement therapy and cognitive behavioural therapy. *Behaviour Research and Therapy, 37*, 405–418.

Watt, B. D., Hoyland, M., Best, D., & Dadds, M. R. (2007). Treatment participation among children with conduct problems and the role of telephone reminders. *Journal of Child and Family Studies, 16*, 522–580.