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Development and Validation of Brief Family Intervention for Young Adults with Substance Use Disorder: A Qualitative Study

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Abstract

Background: Substance abuse is more prevalent in young adults, putting them at risk for chronic use and early onset of dependence on substances. A well-documented relationship exists between substance use and poor family functioning. Traditional family intervention approaches are time-consuming.

Aim: To develop a brief family intervention for parents of young adults with substance use disorder.

Methods: A qualitative research design was used. Extensive literature searches and key informant interviews (face to face) with young adults ($n = 5$), their parents ($n = 5$), and mental health professionals ($n = 5$) were conducted. The interviews were audio recorded. A thematic analysis was conducted using Braun and Clarke's six-step approach, and intervention strategies were identified by examining the themes. In addition, experts were consulted to ensure the content validity of the BFI.

Results: The BFI program combines psychoeducation and behavioral techniques for parents. BFI involves seven sessions with parents, 45–60 min each, over one week. The BFI sessions consisted of (1) Engagement and Assessment, (2) Healthy Family Functioning, (3) Psychoeducation, (4) Relapse Prevention, (5) Communication Skill Training, (6) Problem-Solving Skill Training, and (7) Parental Monitoring and Supervision.

Conclusion: Considering all stakeholders' perspectives, the BFI manual for young adults with substance use disorder has been developed. However, additional research is required to evaluate its feasibility and effectiveness.

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Conflicts of interest

There are no conflicts of interest.

Keywords

Brief family intervention; qualitative study; substance use disorder; young adults

Introduction

Substance use disorder (SUD) refers to a problematic pattern of substance use that results in significant clinical impairment or distress (DSM-5).[1] Globally, drug use is increased by 26% in 2020, with approximately 284 million users aged 15–64 years.[2] In the European Union, around 83.4 million adults (29% of those aged 15–64 years) have used illicit drugs at least once.[3] In India, the tobacco use prevalence is 20.9%, and the alcohol use prevalence is 4.6%.[4] Young adults aged 10–24 years are highly vulnerable to substance use.[5] Approximately 26.5% of individuals aged 15–19 years are alcohol users,[6] consistently showing higher drug use rates than adults.[2] The "Magnitude of Substance Use in India" report highlights an alarming increase in harmful use of substance among young adults.[7] This concerns parents, friends, communities, and policymakers.[8] During young adulthood, the adolescent's brain undergoes substantial cognitive and emotional changes,[9] particularly in areas responsible for decision-making, impulse control, and emotional regulation. During this period, brain maturation makes individuals more susceptible to impulsive and risky behaviors, including experimentation of substance use. Young adulthood is marked by significant psychosocial transitions, including completing education, entering the workforce, forming intimate relationships, and transitioning to marriage and parenthood. Substance use during these years raises concerns as it may hinder these critical transitions.[10]

The relationship between substance use and family functioning has been extensively studied.[11] Family factors such as impaired family functioning, poor parental monitoring, harsh parenting practices,[12] parental alcohol use, parents' positive attitude toward alcohol use, easy access to alcohol within the family, high levels of conflict, poor quality relationships between parents and children, lack of rules or enforcement regarding underage substance use, poor parent–child communication, low parental education levels, limited parental support, and weak family attachment were associated with substance abuse among young adults.[13–20]

Family interventions are effective in treating substance abuse in adolescents and young adults.[21] Ecological family therapy approaches, such as brief strategic family therapy, behaviour family therapy (BFT), functional family therapy (FFT), multidimensional family therapy (MDFT), multisystemic therapy (MST), community reinforcement approach and family training, and family support network, involve parents as integral part in the treatment process.[22–29] These approaches aim to restructure family interaction patterns that may contribute to or sustain a young adults' substance use behaviors. Despite family therapy being a common psychosocial intervention practiced in Indian clinical settings, there is a significant lack of research evaluating the efficacy of these family therapy models in the Indian context.

Although these family therapeutic models effectively treat SUD, they have limitations. Models such as BFT, FFT, MST, and MDFT require trained therapists, as the effectiveness

of these models relies heavily on well-trained therapists skilled in these specific models. Moreover, most family therapeutic models require a minimum commitment of 15–20 sessions, which can be challenging to implement in clinical settings. These models were mainly developed in Western contexts, and implementing them for young adults with SUDs in India can be challenging due to various cultural and practical issues.

The research on developing a family intervention for young adults with substance use disorder in India found that it was well-received and accepted by both the patients and parents. There were significant reductions in SUD symptoms, improved motivation to change substance use, and clinically significant improvement in parent–child interaction and family functioning.[30] The therapy consisted of sessions lasting 60 min with young men, 30–45 min with parents, and 60–90 min with the entire family. It comprised 15 sessions divided into three modules for 4–6 weeks. Owing to the lengthy duration of intervention sessions (15 sessions) required a higher investment of time and human resources for the implementation of family intervention. On average, each case requires a weekly commitment of six hours and an additional two hours devoted to planning and scheduling sessions, which requires a minimum of three weeks to complete the sessions.

Developing a culturally tailored, accessible, and time-limited brief family intervention (BFI) is essential to address research gaps, enhance generalizability, and ensure widespread implementation and utilization in practical clinical settings, meeting the needs of parents, young adults, and serving as a valuable resource for mental health professionals (MHPs). Thus, a research study was conducted to develop a BFI program tailored explicitly for unmarried young adults aged 18–29 years with SUD. This study focuses on development and validation of manual based Brief Family Interventions for parents of young adults with SUD.

Theoretical framework

BFT recognizes the family's significance in the recovery process of individuals with SUDs. The main goal is to improve family dynamics and promote abstinence. BFT uses behavioral techniques such as contingency management, communication skills training, and problem-solving strategies to address substance use problems within the family context. Studies have shown that BFT is effective in promoting recovery from substance use disorder.[31]

Methods

An exploratory qualitative study was conducted. Ethical approval was obtained from the Institute's Ethics Committee (Reference No. NIMH/A&E/SA-3-53/Ph.D(PSW)/BKV/2020-21), and the study was registered with the Clinical Trials Registry of India (Ref/2023/01/062125).

The original research protocol was committed to conduct separate focus group discussions (FGD) with young adults and parents and key informant interviews (KII) with MHPs. Due to COVID-19 challenges, the methodology was modified, replacing FGDs with KII and allowing online interviews.

The sample size had to be limited to 15. [Young adults (n = 5) and their parents (n = 5), mental health professionals (n = 5)]. The ethics committee approved these modifications and deviations from the original protocol considering the challenges posed by COVID-19 lock-down.

Purposive sampling was used to select young adults with SUD, their parents and mental health professionals. The data were collected from May 2021 to July 2021. Written informed consent was obtained from all participants before data collection. Young adults and their parents were recruited and interviewed individually from the inpatient setting of the Center for Addiction Medicine, at the National Institute of Mental Health and Neurosciences (NIMHANS), a tertiary care teaching hospital in Bengaluru. MHPs were interviewed online according to their convenience. The study followed the guidelines of the COnsolidated criteria for REporting Qualitative research for reporting.[32]

The study participants were young adults (n = 5), their mothers (n = 5), and MHPs working in the field of SUD (n = 5).

The study included young adults aged 18–28 years who were single, diagnosed with an SUD according to the International Classification of Diseases, Tenth Revision, and either newly admitted or readmitted patients, those who were fluent in English or Kannada. The study excluded those who married. Married young adults often have distinct family dynamics compared to unmarried young adults. Those who were not motivated to the inpatient care and those who refused consent for the study were excluded.

Parents who have resided with young adults with SUD for at least six months, were actively involved in parenting, could communicate in English or Kannada, and those who were willing to give consent were included in the study. Parents with major psychiatric or neurological disorders were excluded from the study.

MHPs such as psychiatrists (Psy), psychiatric social workers (PSW), and clinical psychologists (CPs) with a minimum of three years of working experience in providing the treatment of SUD, specifically with young adults, were considered for the study.

Tools used

- Clinical and sociodemographic interview schedule
- Semi-structured key informant interview guide
- Key informant interview guide.

Separate KII guides were developed for young adults with SUD, their parents, and MHPs. These guides contained open-ended questions to gather information about the specific needs of young adults with SUD, exploring family functioning, and potential family interventions. The guide for young adults and parents comprised 23 questions across seven domains, covering aspects such as understanding SUD among young adults, family composition, leadership dynamics, communication patterns, social support, and problem-solving strategies. The guide included five questions for MHPs tailored to their unique perspectives and intervention suggestions.

Examples of the few KII questions were:

For young adults—What do you consider to be the problem of coming to the hospital? When did you realize that substance use is a problem? At present, which substance would you like to stop/reduce usage? What kind of help/treatment are you expecting from the treating team? Who usually makes decisions in the family? Elaborate on the decision-making process. On a typical day in a family, who gets time to talk to you or when you get time to speak to your family members, to whom do you prefer to talk? What would be the general conversations between you and other family members?

For the parents of young adults—What do you consider to be the problem of bringing your son or daughter to the hospital? When did you realize that your son's substance use was a problem? What kind of help/treatment are you expecting from the treating team? Please tell me about your family. Elaborate on the decision-making process. When you all get time to talk to each other, what generally you talk about? Who usually helps out when there is a problem in the family?

For mental health professionals—How would you describe this group: Young adults with SUD? According to you, what are the needs of young adults with SUD? What are the existing resources and interventions that address their needs? What are your suggestions on family-level intervention with them? What existing resources/interventions could be adapted to address the family-level needs of this population? What could be the role of the therapist in this family intervention?

The study was conducted in three sequential steps.

Step-I: Literature review—A comprehensive literature review was conducted using PubMed, EBSCOhost, and Scopus databases. The focus was identifying family-level substance use risk factors and interventions targeting young adults. The search encompassed meta-analyses, systematic reviews, original articles, and dissertations published from January 2000 to May 2021. The literature search was limited to 2000–2021 to meet objectives such as accessing current and relevant literature, identifying evidence-based practices in family interventions, considering data availability, and practicality in the literature search process. The objective was to gain insights into the needs of young adults with SUD and understand family factors contributing to their condition. The studies were included from peer-reviewed journals, accessible through open access or NIMHANS subscriptions. Although the study excluded adolescents, family therapy manuals for adolescents with SUD were also reviewed. The aim was to understand the modules, strategies, session sequences, and in-session materials utilized in these family therapy approaches.

Based on the literature review, KII guides were developed for young adults, their parents, and MHPs. These semi-structured interview guides underwent face validation and were finalized before being used in the KII.

Step II: Need assessments—The first author, a PhD scholar in psychiatric social work with training in qualitative research, conducted the KII. The interviews aimed to explore the family needs and needs of young adults with SUD in the Indian context, understanding the needs of these young adults and their parents, and intervention strategies from MHPs. Efforts were made to establish a therapeutic relationship with the participants, and their voluntary participation was sought before the study.

Participants were informed about the nature and purpose of the study, and they were assured of confidentiality and anonymity. Before conducting face-to-face interviews, written informed consent was obtained from all participants. The interviews with young adults were conducted when they were clinically stable, mostly after the first week of admission. Eight young adults and their parents were approached for in-depth interviews; however, two could not be completed due to logistical reasons, and one participant declined consent. Data were collected from five young adults and their parents.

Ten interviews were conducted in English or Kannada using open-ended and semi-structural questions, lasting about 45 min. KII with five MHPs was conducted through online video calls according to their convenience due to the COVID-19 restrictions, with participants' explicit permission for audio recording, and the first author took manual notes to record the discussions.

Following Braun and Clarke's six-step approach,[33] thematic analysis was used to analyze the collected qualitative data. The recorded interviews were transcribed and translated from Kannada to English using the standard method. This approach ensured the accuracy of the translated content and preserved the intended meaning of the participants' statements. ATLAS. ti, a computer-assisted software, was used for qualitative data analysis.

Transcripts were carefully examined, and the first and corresponding author identified recurring themes through organized coding. Disagreements were resolved through consensus. Frequent debriefing sessions addressed discrepancies and provided alternate perspectives. Data saturation was achieved when no new codes or themes emerged. Triangulation was used to ensure data reliability and coding objectivity, involving independent examination and analysis by two other researchers. Data triangulation enhanced the rigor and validity of the findings.

Step III: Content and face validation of the module—The BFI was formulated using insights from the literature review and KII. It contains psychoeducation, relapse prevention (RP), communication, problem-solving skills, and parental supervision techniques. Five experts specializing in SUD treatment and family therapy reviewed the initial draft of the BFI module, including Psychiatrists, Clinical psychologist, and Psychiatric Social Worker.

The experts provided qualitative feedback on the manual. Qualitative feedback focuses on both content-specific aspects and the overall structure. The experts were asked to rate the manual's relevance, suitability, and appropriateness on a 4-point Likert scale. The relevance of the manual and the sessions were rated from 1 = Not relevant to 4 = Very relevant. Then, the content validity ratio (CVR) was calculated by CVR = (Ne−N/2)/(N/2), in which

Ne is the number of experts marking an item as essential, and N is the total number of participants to assess the agreement among the experts from this score. The CVR values ranged from 0.6 to 1, averaging 0.88.[34] The satisfactory agreement among the experts indicates a strong level of consensus, suggesting good content validity of the BFI module. Experts unanimously agreed with the module's content and structure, and their suggestions were incorporated, such as use of case vignettes for discussing healthy family functioning instead of card sorting activities. The module was modified to focus on preventing substance use relapse and enhancing parental monitoring of young adults with expert input. It was finalized for a pilot and feasibility study.

Results

The study participants were five male young adults aged between 20–23 years. The average age of initiation of substance was 14.2 years, and dependence was 16 years. Four had ADHD, and two had an antisocial personality disorder [Table 1]. Due to the unavailability of fathers, all five parents were mothers. Three Psychiatrists, one Clinical psychologist, and one Psychiatric Social Worker.

The analysis of KII with young adults with SUD, their parents, and MHPs revealed four broad categories of themes and subthemes: individual and social factors related to SUD, family factors associated with SUD, felt needs of the population, and focus of family intervention. Among these, three main themes and subthemes were considered relevant for developing a BFI for young adults with SUD, focusing on family factors associated with SUD, the felt needs of the population, and the focus on family intervention [Table 2].

Initiation and continued substance use among young adults were influenced by individual and social factors such as curiosity, experimentation, the euphoric effect of substances, limited understanding of SUD, peer pressure, and easy access to substances.

The study found that the felt needs of young adults and their parents included the desire for complete recovery from SUD and consistent support from the treating team. Significant factors associated with young adults' SUD included a lack of awareness about SUDs and their treatment, inadequate supervision, and difficulties with communication and problem-solving within the family. MHPs emphasized the significance of family interventions for young adults with SUD, suggesting focus areas such as psychoeducation, problem-solving, communication skills training, addressing codependency and expressed emotion, supervision, monitoring, and using harm reduction approach [Table 3].

The experts examined the BFI module and agreed unanimously with the content and structure of the module, suggesting good content validity with mean CVR of 0.88. Experts' suggestions were incorporated.

Discussion

This study is one of the few studies in India to develop a BFI for young adults with SUDs and their parents. KII was used for conducting a need-based assessment, a widely

utilized qualitative research method for the past three decades.[35] Assessing patients' and caregiver's needs and preferences is crucial in planning SUD treatment.[36]

The BFI module includes a session promoting healthy family functioning, as research has shown its significant influence on an individual's SUD.[37–39] Young adults with healthy family functioning are less likely to engage in substance use than those with unhealthy family dynamics. The session also focuses on strengthening family social support, which can buffer the relapse tendency in young adults with SUD by providing emotional support, reshaping beliefs and confidence, and decreasing the likelihood of relapse.

The study revealed that most parents are unaware of their children's substance use. This finding was consistent with previous research showing parents' poor knowledge about their child's SUD.[40] Therefore, the BFI includes psychoeducation to educate and involve the patient's family in understanding the illness and enabling their support in the treatment process. Psychoeducation helps patients and their families make informed treatment decisions and improve compliance.[41]

To address the recurrent relapsing nature of SUD, the BFI includes a session on relapse prevention. The cognitive-behavioral approach identifies high-risk situations for relapse and offers lapse management of high-risk situations.[42] By incorporating relapse prevention sessions, the BFI and enhances the potential for sustained recovery among young adults with SUD.

The BFI recognizes the importance of communication skills training, which is vital in tackling the inadequate parent–child communication and young adult substance use.[40,41] By enhancing communication within the family, the BFI promotes emotional expression, conflict resolution, boundary setting, problem-solving skills, active listening, and healthy communication patterns, ultimately supporting the young adults' recovery process and overall well-being.

Problem-solving skills training is a crucial aspect of the BFI as it influences individuals' perceptions, coping abilities, and decision-making.[43,44] By offering problem-solving skill training, the BFI seeks to develop adaptive coping mechanisms, improve decision-making skills, boost self-efficacy, and prevent relapse. Empowering families with effective problem-solving strategies is essential for supporting recovery and promoting the well-being of young adults with SUD.

Parental supervision and monitoring influence young adults recovery from substance use.[45] As a result, the BFI includes training for parents on supervision and monitoring to increase awareness, create a supportive environment, promote accountability, and identify high-risk situations. Equipping parents with these skills and knowledge enables them to provide effective support, maximizing their children's chances of successful abstinence and long-term recovery.

Our study was similar to another study carried in the same centre,[30] in which the objectives and research design were similar to the present study. The study elicited therapists, parents, and youth perspectives regarding suggestions and recommendations for planning

and delivery of FBI. The present study sought young adults, parent's needs, and MHPs' suggestions, and recommendations to develop the BFI.

Our study is one among the few studies to develop a BFI for young adults in India based on the specific needs expressed by the young adults and their parents and the clinical insights and recommendations provided by the MHPs, making the BFI culturally relevant. Development of FBI followed standard procedures and protocol guidelines. Nonetheless, this study has its limitations. First, the sample size was small, and the research was conducted exclusively within a single tertiary mental health hospital in Bengaluru. Furthermore, the researcher could interview only mothers in the parent group. These constraints could impact the overall quality and generalizability of the information gathered. Further evaluations of the BFI's feasibility and effectiveness are necessary to enhance its understanding and impact.

Conclusion

The BFI module was developed for parents of young adults with SUD based on their needs, young adults' needs and strategies provided by mental health professionals. The mental health professionals validated the BFI. The content validity ratio (0.88) indicates that BFI has strong face and content validity. However, further research with a larger sample in a randomized control trial is needed to establish the efficacy and generalizability of BFI.

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Table 1:

Clinical profile of the young adults with SUD

Clinical profile	Categories
Age of initiation (years)	Mean age 14 (13–16 years)
Age of dependence (years)	16 (14–20 years)
Comorbid diagnosis	ADHD (*n*=4) Antisocial personality disorder (*n*=2)
SUD diagnosis	Tobacco dependence syndrome (*n*=5) Opioid dependence syndrome (*n*=3) Alcohol dependence syndrome (*n*=2) Cannabis dependence syndrome (*n*=4) Inhalant dependence syndrome (*n*=1) Alcohol harmful use (*n*=4) Inhalant harmful use (*n*=3)

SUD: Substance use disorder, ADHD: Attention deficit hyperactivity disorder

Table 2:

Major themes and subthemes

Themes	Subthemes (number of participants with the subtheme)	Verbatim account
Individual and social factors	Experimentation (1)	*..."While in college, I began experimenting with alcohol and justified it by telling myself I wasn't doing anything wrong."...(Young adult 5)*
	Euphoric effect (5)	*..."I began taking these pills 5 years ago for my leg pain. The first time I took this tablet, I felt a relaxing effect, so I started using it daily"... (Young adult 4)*
	Poor decision-making skill (2)	*..."As a result of my work, I am stressed out. I have no idea what I can do to overcome this problem. I inhale gum to get relief from this stressful feeling"... (Young adult 1)*
	Curiosity (2)	*..."I started taking all of these things out of a strong desire to learn about the effects of smoking and drinking."... (Young adult 2)*
	Peer pressure (5)	*..."Around 5 years ago, my friend introduced this tablet to me. Usually, I take this tablet in groups, and they even taught me how to inject it intravenously"... (Young adult 4)*
	Easy availability (5)	*..."These gums are used for upholstery work, and I can get gums easily from shops to use"... (Young adult 1)*
	Poor understanding of substance use disorder (3)	*..."Although I know it is not a good habit, I was unaware of the severe problems associated with tablet use. But I never actually knew what to look out for. I didn't know the signs"... (Young adult 4)*
Family factors	Lack of supervision and monitoring (5)	*... ."I never kept an eye on my son's activities to know what he was doing and who were his friends"... (Parent of young adult 5)*
	Lack of awareness about substance use disorders and their treatment (3)	*... ."Our family was unaware of alcohol use, its complications, and the need for treatment until we brought him to the hospital for seizure problems"... (Parent of young adult 3)*
	Issues in communication and problem-solving (4)	*..."My family has a little conversation, which is usually unpleasant. Usually, nobody asks for my opinion at home. I never talk to them besides asking for money"...(Young adult 1)* *..."There's no peace at home. I can see my son and husband arguing and fighting each other to prove they are right and never stop arguing."...(Parent of young adult 3)*
Felt needs of the young adults and the family	Treatment for substance use disorders (5)	*..."I need medication and treatment to stop my alcohol consumption"... (Young adult 5)*
	Regular support from the treating team	*..."We can protect him from alcohol use through treatment and care. Having continuous support from the treating team is very important in that process."...(Parent of young adult 2)*
	Education and psychotherapy for managing conflicts (5)	*..."I want information from the treatment team to understand the problems associated with tablet use and help solve my issues."...(Young adult 4)*
	Expecting a complete recovery (5)	*..."After completing the treatment from here, we want him not to use gum or cigarettes in his life again"...(Parent of young adult 1)*
The focus of the family-level intervention	Psychoeducation on substance use disorder, treatment, and recovery process	*..."young adults with substance abuse problems require accurate and up-to-date information about the harms of substances"... (Mental health professional 1)*
	Problem-solving and communication skills training	*..."...Look at the communication and problem-solving of the family using family assessment and using family systems theory"... (Mental health professional 3)*
	Address codependency and express emotion	*"Be mindful of co-dependency present in the family if it is applicable"... (Mental health professional 4)* *..."Family members' critical comments to young adults should be a focus of interventions. Healthy communication should also be encouraged"... (Mental health professional 5)*
	Intervention for improving supervision and monitoring	*..."Young adults who have so far lived under the protection of the Indian family are no longer subjected to the supervision and regimentation most families prescribe..." (Mental health professional 1)*
	Discuss the harm reduction approach	*..."Mental health professionals should provide regular support despite participants' continued use of drugs by adopting harm reduction strategies, such as avoiding high-risk sexual behaviours, using condoms, getting HIV tested, and not drinking and driving"... (Mental health professional 2)*

Table 3:

Overview of brief family intervention module

Themes and subthemes	Session	Approach and mode	Structure
-	Session 1 Engagement and Assessment Objectives To introduce an overview of the BFI model to the family Establish rapport with the family members Administering the family assessment tools	Approach: Information about BFI Mode: Introduction and Orientation	Activity: Discussion Materials Pamphlet (Session rules) Sessions handout (number of sessions and topics)
Family factors (lack of insight into supervision and monitoring, issues in communication and problem-solving)	Session 2 Healthy family functioning Objectives: To educate the parents on healthy family functioning and how it can be a source of strength for its members	Approach: Educational Mode: Discussion, education, and feedback	Activity: Case vignette discussion Materials: Pamphlet on healthy family functioning
Felt needs of the population (education and psychotherapy for managing conflicts, expecting a complete recovery) The focus of the family-level intervention (psychoeducation on substance use disorder, treatment, and recovery process)	Session 3 Psychoeducation Objectives: To educate the parents regarding the substance use disorder and the importance of treatment	Approach: Psychoeducation Mode: Discussion, education, and feedback	Activity: Education video, case vignette discussion
Felt needs of the population (treatment for substance use disorders, expecting a complete recovery)	Session 4 Relapse prevention Objectives To provide a better understanding of the relapse and recovery process To teach skills for relapse prevention	Approach: Behavior intervention, problem-solving Mode: Discussion and feedback	Activity: Brainstorming Materials Pamphlet (relapse prevention plan sheet) Crisis plan sheet
Family factors (issues in the communication) The focus of the family-level intervention (communication skills training)	Session 5 Communication skill training Objectives: To teach parents communication skills for healthy communication	Approach: Behavior intervention Mode: Demonstration, discussion, and feedback	Activity: Role-play Materials: Pamphlet (communication skill)
Family factors (issues in problem-solving) The focus of the family-level intervention (problem-solving skills training)	Session 6 Problem-solving skill training Objectives: This session aims to resolve conflicts by teaching problem-solving skills	Approach: Problem-solving approach Mode: Demonstration, discussion, and feedback	Activity: Role-play Materials: Pamphlet (problem-solving skill)
Family factors (lack of insight into supervision and monitoring) The focus of the family-level intervention (intervention to improve supervision and monitoring)	Session 7 Parental monitoring and supervision Objectives: This session focuses on improving parental monitoring and supervision	Approach: Behavioral principles Mode: Demonstration, discussion, and feedback	Activity: Brainstorming Materials: Pamphlet (parental supervision and monitoring)