

BIOGRAPHICAL SKETCH

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NAME: Natasha Slesnick

eRA COMMONS USER NAME (credential, e.g., agency login): Slesnick05

POSITION TITLE: Professor and Associate Dean for Research and Administration

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
University of Washington, Seattle, WA	B.S.	6/89	Psychology
University of New Mexico, Albuquerque	M.S.	6/92	Clinical Psychology
University of New Mexico, Albuquerque	Ph.D.	12/96	Clinical Psychology

A. Personal Statement

Since 1998, I have been a licensed clinical psychologist who has focused my research attention on substance-using homeless youth and single mothers with children in their care, especially in the realm of service provision and substance use treatment evaluation. Over the past nearly 20 years, I have learned how to identify homeless youth and families through outreach and engagement and retain them in clinical research. I have opened and overseen two drop-in centers during my career, one in Albuquerque, NM and one in Columbus, OH. My interest focuses on identifying strategies to engage marginalized substance using populations into treatments and services that help them improve their health and well-being. My team's research trials have focused on testing various interventions including Motivational Interviewing, Strengths-Based Outreach and Advocacy, the Community Reinforcement Approach, Cognitive Therapy for Suicide Prevention, HIV prevention and family therapy. My experience with homeless youth and successful management of current and past grant-funded clinical trials with homeless youths, lend support to the successful execution of the proposed study.

B. Positions and Honors**Positions and Employment**

05/1997 – 04/1998	Adjunct Assistant Professor of Psychology, Department of Psychology, UNM
04/1998 – 01/2003	Research Assistant Professor of Psychology, UNM
10/2002 – 10/2003	Associate Director, Clinical Research Branch, CASAA, UNM
01/2003 – 08/2004	Research Associate Professor of Psychology, University of New Mexico (UNM)
10/2004 – 09/2009	Associate Professor, Human Development and Family Science, OSU
08/2013 – 08/2015	Associate Chair for Research, Human Sciences, OSU
08/2006 – 07/2017	Founder and Executive Director, OSU Star House
10/2009 – Present	Professor, Human Sciences/Human Development and Family Science, OSU
07/2017 – Present	Associate Dean for Research and Administration, EHE, OSU

Other Experience and Professional Memberships

1991 – Present	Member, American Psychological Association
2006 – Present	Member, College on Problems of Drug Dependence
2006-2009	NIH NIDA-E. Standing member of the Treatment Research Subcommittee.
2011-2013	Associate Editor, <i>Journal of Child and Adolescent Substance Abuse</i>
2016-2018	Associate Editor, <i>Research on Adolescence</i>

Honors

2012	Teacher/Mentor of the Year, Dept. of HDFFS
2014	Academic Leadership Program (ALP) Fellow
2014	Dean's Distinguished Research Award
2015	Niagara Foundation, Peace and Dialogue Award
2015	Columbus City Council, Resolution of Expression
2016	Distinguished University Engagement

1. C. Contributions to Science

My team's work has been some of the first attempts in the country to intervene in the lives of runaway and homeless youth (ages 12-24). In 1998, when my work began, there was only one other formally tested intervention for runaway adolescents, and it was a group-based HIV prevention intervention for shelter-residing adolescents. My team first began testing family therapy interventions for runaway adolescents residing in crisis shelters. Involvement of the family is critical to improved substance use and other outcomes among adolescents, so family systems therapy was the logical place to begin intervention development. Over the past 20 years, this work has shown that family systems therapy added on to a shelter's programming improves substance use, mental health and family outcomes compared to shelter services without family systems therapy. Later work examined family therapy compared to other evidence-based substance use interventions including Motivational Interviewing and the Community Reinforcement Approach. This comparative effectiveness research indicated that all three treatments resulted in reductions in substance use, but family therapy resulted in improvement among parents, not observed in the other two treatment conditions. Ecologically-Based Family Therapy (EBFT) was tested with substance using mothers who had an 8-16 year old child in their care. The goal was to prevent substance use initiation among children of substance use disordered mothers, and to reduce relapse among mothers.

- a. Slesnick N, Prestopnik JL (2005). Ecologically-based family therapy outcome with substance abusing runaway adolescents. *The Journal of Adolescence* 28:277-298. PMC1933523.
- b. Slesnick N, Prestopnik J (2009). Comparison of family therapy outcome with alcohol abusing, runaway adolescents. *Journal of Marital and Family Therapy*; 35(3):255-277. PMC2697451
- c. Slesnick N, Erdem G, Bartle-Haring S, Brigham G (2013). Intervention with substance abusing runaway adolescents and their families: Results of a randomized clinical trial. *Journal of Consulting and Clinical Psychology*; 81:600-614. PMID 23895088
- d. Guo X, Slesnick N, Feng X (2014). A comparison of individual and family therapy on depressive symptoms among substance abusing runaway adolescents and their primary caretakers. *Journal of Family Psychology*; 28(1):98-105.

2. While working with shelter-recruited runaway adolescents in 1998, my team and I were introduced to street-living youth. These youth are less likely to use shelters and other community services. In 1998, the literature indicated that no interventions were developed on their behalf. Therefore, no guidance was available on how best to engage and intervene with these understudied, and underserved youth. Policy and funding recommendations were not grounded by evidence-based research. In this line of work, the focus has been on the individual and community services rather than family interventions. Most street-living youth are disconnected from their family and do not consider their family a viable source of support. Research detailing how to intervene with this population can offer providers and policymakers important information to guide program development and funding recommendations. Because this area of research is in its infancy, there are multiple directions an interventionist can take. My team's earlier work focused on identifying structured intervention approaches that had shown promise with other populations of youth and adapting those interventions for homeless youth. For example, one focus has been on testing the Community Reinforcement Approach, a substance use intervention, for homeless youth. This intervention was compared to drop-in services alone. This research showed that CRA improves substance use and other outcomes compared to services as usual through the drop-in center. Next, given that we showed CRA improves drop-in services, we conducted a comparative effectiveness trial comparing CRA with MI and case management added on to drop-in services. Youth in each condition showed positive outcomes with little evidence of superiority or inferiority of the interventions. This suggests that drop-in centers have

choices for addressing the range of problems, including substance use and risk behaviors that these adolescents and young adults face.

- a. Slesnick N, Prestopnik JL, Meyers RJ, Glassman M (2007). Treatment outcome for homeless, street-living youth. *Addictive Behaviors*; 32(6):1237-1251. PMC1894944.
 - b. Slesnick N, Kang M, Bonomi A, Prestopnik J (2008). Six and twelve month outcomes among homeless youth accessing therapy and case management through an urban drop-in center. *Health Services Research*: 43(1):211-229. PMC2323142.
 - c. Slesnick N, Kang M (2008). The impact of an integrated treatment on HIV risk reduction among homeless youth: A randomized controlled trial. *Journal of Behavioral Medicine*; 31(1):45-59. PMC2430633.
 - d. Slesnick N, Guo X, Brakenhoff B, Bantchevska D (2015). A comparison of three interventions for substance use disordered street-living youth: Results of a randomized clinical trial. *Journal of Substance Abuse Treatment*; 54:1-13. PMID: 25736623
3. An area of interest that has emerged over time through the above research activities is the study of community-based services to end homelessness. My team is interested in understanding and removing barriers to service use as well as sustaining and building effective community level programming.
- a. Slesnick N, Glassman M, Garren R, Toviessi P, Bantchevska D, Dashora P (2008). How to open and sustain a drop-in center for homeless youth. *Children and Youth Services Review*; 30(7): 727-734. PMC2440711.
 - b. Bantchevska D, Erdem G, Patton R, Veneskey J, Letcher A, Bonomi AE, Slesnick N (2011). Predictors of drop-in center attendance among homeless adolescents. *Social Work Research*; 35(1): 58-63. <https://doi.org/10.1093/swr/35.1.58>
 - c. Slesnick N, Guo X, Brakenhoff B, Feng X (2013). Two-year predictors of runaway and homeless episodes following shelter services among substance abusing adolescents. *Journal of Adolescence*; 36(5):787-795. PMID24011094
 - d. Slesnick N, Feng X, Brakenhoff B, Guo X, Carmona J, Murnan A, Cash S, McRee AL (2016). A test of outreach and drop-in linkage versus shelter linkage for connecting homeless youth to services. *Prevention Science*; 17:450-460. PMID: 26759145
4. Even though identifying interventions that address substance abuse, HIV risk behaviors and mental health problems are important, without ending homelessness, problems often continue. One direction my team is going is to test housing interventions along with supportive services, using a housing first philosophy. To date, we have found that housing substance using homeless mothers with young children in their care is associated with reduced substance use and improved child outcomes compared to shelter-based housing services.
- a. Slesnick N, Erdem G (2012). Intervention for homeless, substance abusing mothers: Findings from a non-randomized pilot. *Behavioral Medicine*; 38(2):36-48. PMID:22676629
 - b. Slesnick N, Glassman M, Katafiasz H, Collins J (2012). Experiences associated with intervening with homeless, substance abusing mothers: The importance of success. *Social Work*; 57(4): 343-352. PMID23285834.
 - c. Slesnick N, Erdem G (2013). Efficacy of ecologically-based treatment with substance-abusing homeless mothers: Substance use and housing outcomes. *Journal of Substance Abuse Treatment*; 45(5):416-425. PMID3773252
5. Finally, understanding the mechanisms underlying dysfunctional family relationships and mechanisms of change associated with family systems therapy is an area of focus. I started my career transcribing and coding family interactions in order to better understand communication differences in families with a depressed member compared to 'normal families' using time series analyses. More recently, my team has coded family therapy sessions and/or parent-child interaction tasks with runaway adolescents and with substance using mothers and their children to detect how and why family therapy works. This work begins to elucidate the factors that occur during therapy that predict successful outcomes. For example, family therapy appears to reduce the discrepancies in parent and child perceptions of family behaviors compared to individual therapy. Also, a paper under review shows that substance using mothers receiving family systems therapy appear less vulnerable to an adverse parent-child relationship than those in the non-family

therapy control group in terms of substance use frequency. While self-report questionnaires rarely identify mechanisms of change and even differences between family and individual therapies – the microanalytic analysis of communication in therapy sessions and in parent-child interaction tasks shows significantly more promise for elucidating mechanisms of change and differences in treatment outcomes.

- a. Slesnick N, Waldron HB (1997). Interpersonal problem-solving interactions of depressed adolescents and their parents. *Journal of Family Psychology*; 11(2):234-245.
- b. Marchionda D, Slesnick N (2013). Family therapy retention: An observation of first session communication. *Journal of Marital and Family Therapy*; 39(1):87-97. PMID:25073845
- c. Guo X, Slesnick N (2013). Family versus individual therapy: Impact on discrepancies between parents' and adolescents' perceptions over time. *Journal of Marital and Family Therapy*; 39(2):182-194. <https://doi.org/10.1111/j.1752-0606.2012.00301.x>
- d. Slesnick N, Feng X, Brakenhoff B, Brigham G (2014). Parenting under the influence: The effects of opioids, alcohol and cocaine on mother-child interaction. *Addictive Behaviors*; 39(5):897-900. PMID:24589871

List of publications: <http://www.ncbi.nlm.nih.gov/pubmed/?term=slesnick+N>

D. Research Support

Ongoing Research Support

2R01DA036589 NIDA Evaluation of EBT with young, substance abusing homeless mothers Study compares a housing first intervention with supportive services (EBT) compared to housing only and services as usual for homeless, substance using mothers, 18-24 years old.	Slesnick (PI)	02/01/15-11/30/20
2R01DA036589S1 NIDA Association between substance use and nutritional vulnerabilities of young homeless mothers and their children This administrative supplement assesses nutritional behaviors among homeless mothers and their children. Role: Primary Mentor	Hatsu/Slesnick (PI)	12/01/17-11/30/20
R21 HD095179 NICHD Maternal depression and the development of autobiographical memory in children This study examines whether and how overgeneral autobiographical memory in preschool-age children may serve as a pathway that links maternal depression with early markers of childhood depression. Role: Co-I	Feng (PI)	04/01/18-06/30/20
R01HD08357689 NICHD Intervention to Promote Healthy Behaviors in Homeless Youth Using a Solomon Four design, this study examines the effectiveness of a brief health intervention for HIV risk and substance use among homeless youth 18-24 years old. Role: Site PI/Co-I	Rew (PI)	04/01/16-03/30/20
K07CA216321 NCI Development of a contextually tailored and optimized smoking cessation intervention for homeless youth This multi-methods study and career development grant tests a smoking cessation intervention with homeless youth. Role: Co-Primary Mentor	Nemeth (PI)	09/20/17-11/30/22

Completed Research Support

R34DA037845

Slesnick (PI)

03/15/15-03/30/19

NIDA

Suicide prevention among substance abusing homeless youth

This study examines the feasibility and acceptability of a cognitive therapy suicide prevention intervention for homeless youth.

R36DA041530

Brakenhoff (PI)

06/01/16-11/30/18

NIDA

Understanding HIV risk behaviors of homeless youth

This multi-methods study uses individual interviews and quantitative analyses to assess barriers to sexual health behaviors among substance using homeless youth.

Role: Primary Mentor

R01 DAO23062

Slesnick (PI)

08/01/09-04/30/16

NIDA

Adolescent Involvement in Parental Substance Abuse Treatment: Evaluation of EBFT

This study examined the differential effectiveness of home-based family therapy, office-based family therapy and an attention control for substance abusing mothers and their adolescent children.