

Facilitators and Barriers to Guardian Engagement in Adolescent Drug Use Outpatient and Prevention Programs



Shivani Gogna
Andrew McFarlane
Carolyn Taylor

In coordination with:

Drug Abuse Comprehensive Coordinating Office

Institute for Translational Research in
Adolescent Behavioral Health





Agenda

1. Significance and purpose of research
2. Research methods
3. Results
4. Implications for practice

Background and significance

Parent/guardian engagement



Adolescent substance abuse
treatment trajectories

Factors influencing relationship:¹⁻⁸

#1 Parenting characteristics

#2 Parental mental health

#3 Parental coping strategies

#4 Program implementation – fidelity and buy-in

#5 Perception as a barrier to participation

At DACCO, gap between engaged and disengaged parents.

Purpose of research

To explore staff attitudes and beliefs about the DACCO programs in which they work and their relationship with parents/guardians of their clients.



Expected results

Define barriers and facilitators to parental/guardian engagement within DACCO's programs

Target population

Evidence-Based Programs
Adolescent Drug Use Programs

OUTPATIENT

Cannabis Youth Treatment, Matrix

PREVENTION

All Stars/All Stars Senior,
Strengthening Families, Life Skills,
Parenting Wisely

STAFF

~30

Adolescents

~221

Parents/Guardians

Research methods

Recruitment: email blast

Interviews collected Nov 2013 to Jan 2014

Tape records → transcriptions

A priori and emergent themes



Semi-structured interview

Questions:

Demographic information

Program characteristics

Clients and parents/guardians

Relationship with parents/guardians



Sample population

n=10

90% F, 10% M

90% Prevention, 10% Outpatient

Participant demographic	Range	Mean
Age	22-42 years	29.7 years
Years working at DACCO	3 months – 9 years	3.55 years
Years working in field of substance abuse	3 months – 9 years	3.73 years

Results

Official parent/guardian activities

50% answered “yes”

Unofficial parent/guardian activities

60% answered “yes”

Results

Tell me about the parents/guardians in your program.

- Gap between engaged/disengaged
- Low/no engagement in school settings

“Sometimes they’re fantastic and they’re really involved and they’re really excited ... And then I have the ones who won’t show up or they won’t kind of do the things that they say they are going to do for the program and they’re just not really interested in their kids. So it’s a wide range really.”

Results

Please define guardian.

- Legal guardian
- Anyone caring for the adolescent

“Okay, so it is either the parent, like biological parent, or, um, anyone that has legal guardianship, you know with paper work ... It also includes step-parents, grandparents, aunts, maybe. Maybe older cousins. Whoever at that time has legal guardianship.”

Results

What is an involved parent/guardian?

- Willingness to participate versus complete active participation.

“As long as they’re willing to participate with the child and have a family session so that the child can feel supported through the family...”

“That’s what parent involvement is. It’s being involved in aspects of the kid’s life, knowing if they’re failing, knowing if they need help, knowing what they’re doing good in. That’s what it is to me.”

Results

Parent/guardian engagement at DACCO

Facilitators

- Client perception of program
- Staff perception of “guardian”
- Staff motivation

Barriers

- Parent/guardian awareness of program
- Communication between program staff and parent/guardian
- Program curriculum
- Personal parental factors

Facilitators

Client
perception
of program

“Everybody that I talk to thinks our program is very helpful and they really like it and they’re really engaged.”

Facilitators

Staff
perception
of “guardian”

“The primary caregivers for the kids is what I call our guardians.”

“Someone that has legal permission over the child’s well-being.”

Facilitators

Staff
motivation

“Of course, that’s a primary [to motivate clients’ guardians] because a lot of times, the kid is reacting to things that are happening due to the, ya know, adults in the home.”

Barriers

Parent/guardian
awareness of
program

“With our program where they go into the school, there’s not really a lot of parental involvement. I would always send permission slips home...even though its not a requirement.”

Barriers

Lack of
communication

“I personally don’t [contact parents/ guardians]. I usually have my conversations with parents and guardians when they are concerned or they have an issue, so I’d say less than one hour a week.”

Barriers

Program
curriculum

“I feel, sometimes, that we are a little bit limited in the choices that we have in meeting what students really need.”

“It can be limiting because it’s more focused toward a group setting or a classroom setting.”

Barriers

“...Time and transportation.”

“...Parents are on their last straw or give up hope.”

“Their parent might be struggling with an addiction.”

Personal
factors

Results

Other *A priori* and emerging themes

What now?

Implications for translational research
in adolescent behavioral health

Implications for practice

DACCO's current initiatives: NIATX

Change team

Change team leader

Change team coach

References

1. Bertrand K, Richer I, Brunelle N, Beaudoin I et al. Substance abuse treatment for adolescents: How are family factors related to substance use change. *Journal of Psychiatric Drugs* 2013; 45(1): 28-38.
2. Cunningham PB, Foster SL, & Warner SE. Culturally relevant family-based treatment or adolescent delinquency and substance abuse: Understanding within-session processes. *Journal of Clinical Psychology* 2010; 66(8): 830-846.
3. Mendez JL, Carpenter JL, LaForett DR et al. Parental engagement and barriers to participation in a community-based preventive intervention. *American Journal of Community Psychology* 2009; 44:1-14.
4. McGillicuddy NB, Rychtarik RG, Duquette JA et al. Development of a skill training program for parents of substance-abusing adolescents. *Journal of Substance Abuse Treatment* 2001; 59-68.
5. Holboe O, Iversen HH& Hanssen-Bauer K. Determinants of parents' experiences with outpatient child and adolescent mental health services. *International Journal of Mental Health Systems* 2011; 5(22) 1-9.
6. Gogel LP, Cavaleri MA, Gardin JG et al. Retention and ongoing participation in residential substance abuse treatment: Perspectives from adolescents, parents and staff on the treatment process. *Journal of Behavioral Health Services & Research* 2011; 38(4) 488-496.
7. August GJ, Gewirtz A & Realmuto GM. Moving the field of prevention from science to service: Intergrating evidence-based preventative interventions into community practice through adapted and adaptive models. *Journal of Applied and Preventative Psychology* 2010; 14: 72-85.
8. Byrnes HF, Miller BA, Aalborg AE et al. The relationship between neighborhood characteristics and recruitment into adolescent family-based substance use prevention programs. *Journal of Behavioral Health Services and Research* 2012; 39(2): 174-189.

Acknowledgements

*Institute for Translational Research in Adolescent Behavioral Health
Department of Community and Family Health
College of Behavioral Health and Sciences, University of South Florida*

Dr. Dinorah Martinez-Tyson, Academic Advisor

Dr. Julie A. Baldwin, Principal Investigator

Dr. Oliver T. Massey, Co-Investigator and Evaluation Director

Dr. Bruce B. Levin, Co-Investigator and Curriculum Director

Ms. Donna L. Burton, Project Director

Ms. Mary Lynn Ulrey, Chief Executive Officer, DACCO

And a big thank you to all research participants and supporters!

Facilitators and Barriers to Guardian Engagement in Adolescent Drug Use Outpatient and Prevention Programs



Shivani Gogna
Andrew McFarlane
Carolyn Taylor

In coordination with:

Drug Abuse Comprehensive Coordinating Office

Institute for Translational Research in
Adolescent Behavioral Health



EBP's used by DACCO

All Stars/All Stars Senior: Develop positive deals; bond with school, friends, and family; create belief in conventional norms; increasing positive parental attentiveness

Strengthening Families: 7 2-hour sessions; spent separately and as family; encourages parents to understand risk factors for substance abuse, parent-child bonding, managing anger and family conflict, etc.

Life Skills: Facilitated discussion, structured small group activities, role playing

Cannabis Youth Treatment: Motivational enhancement therapy, cognitive behavioral therapy, family support networks, the community reinforcement approach, and multidimensional family therapy

Matrix: Relapse-prevention groups, education groups, social-support groups, individual counseling, and urine/breath testing delivered over a 16-week period

Parenting Wisely: Computer based interactive programs for parents.

(National Registry of Evidence-Based Programs and Practices)

DACCO programs

Prevention Programs

New Directions

- All Stars/All Stars Senior

Alternative Schools

- All Stars/All Stars Senior, Life Skills

Strengthening Families

- Strengthening Families

Family Focus

- Parenting Wisely, Strengthening Families

Outpatient Programs

- Matrix
- Cannabis Youth Treatment

New Directions	1
Adolescent Outpatient	1
Be The Wall	2
The Prevention Program	2
Life Skills	2
Watch Your BAC	2
All Stars/All Stars Senior	3
Strengthening Families	3

Client Demographics

12-17 years

Ethnic/demographic make-up: Hillsborough County

Socioeconomic make-up: moderate & middle income households

The adolescent clients have been referred, assessed and placed in an outpatient or prevention level of care for substance use or risk factors that increase the potential for use.

Definition of “Guardian”

For purposes of this project, we defined guardian as such:

“Any individual acknowledged formally or informally as being responsible for caring for the adolescent enrolled in the substance use treatment/intervention program.”