

**Parental Involvement in Adolescent Substance Abuse  
Treatment Programs:  
Synopsis of Focus Groups Conducted with Florida  
Adolescent Treatment Providers and Parents**

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The Addiction Technology Transfer Center Network  
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## ***Introduction***

The Southern Coast Addiction Technology Transfer Center (SCATTC) has been contracted by Florida Department of Children and Families to conduct a series of needs assessments for the purpose of determining the barriers to parental involvement and to develop strategies to improve by involvement of parents with children receiving substance abuse treatment services.

Three sets of focus groups were conducted between the period of December 14, 2006 and March 28, 2007. Individual focus groups were conducted for adolescent substance abuse treatment providers and for parents or caregivers of youth receiving substance abuse treatment services. The Central Florida Behavioral Health Network (CFBHN) recruited providers and parents to participate in one of two two-hour focus groups scheduled on Thursday, December 14, 2006 at Operation PAR in Largo, Florida. Gateway Community Services recruited adolescent treatment staff from its continuum of adolescent services and parents whose teens are receiving services in Gateway's residential program to participate in one of two focus groups scheduled on Thursday, March 8, 2007 at Gateway Community Services TPC Village complex in Jacksonville, Florida. The South Florida Provider Coalition (SFPC) recruited providers and parents to participate in one of two two-hour focus groups scheduled on Thursday, February 22, 2007 at SFPC offices in Miami, Florida.

## ***Professional Staff Focus Group***

The goal for the staff focus groups was to gain an understanding of this constituent group's views of parental involvement in substance abuse treatment programs serving adolescents. What do the professionals see working? What do the professionals see not working? Additionally, the focus groups had the goal of developing an understanding of what needs to be done to increase parental involvement in adolescent substance abuse treatment. What changes need to be made to the current treatment system? What must be done for the treatment to be able to change to reduce barriers to parental involvement?

The target attendees for this focus group were professionals employed by local service providers who spend a majority of their time in the direct provision or supervision of therapeutic services to adolescents with substance use disorders. Across the three focus groups, 33 professional staff members from 13 provider organizations participated. Staff members represented programs across the service continuum from detox and crisis, outreach, outpatient, day treatment, in home services, and residential programs. Twenty-five (25) participants were women. Twenty-eight (28) staff members reported providing counseling or therapy services as their primary job responsibility while nine (9) staff members reported having supervisory/program management responsibilities or supervisory/management responsibilities in addition to providing counseling services as their primary job responsibility.

Themes addressed during the focus groups included: identification of staff roles in facilitating parental involvement; identification of techniques that are currently working to facilitate parent involvement; identification of things that need to be changed to increase parental involvement; identification of clinical practices that work to facilitate parental involvement; identification of the “ideal” treatment system to engage and retain parental involvement; staff training needs to facilitate parental involvement; and the identification of ways parents and families could help strengthen programs and services.

**Identification of Staff Roles in Facilitating Parental Involvement:**

Responses from participants indicate that all staff perceive themselves to have a role in facilitating parental involvement into treatment programs and that this involvement works best when parents are engaged into treatment from the first contact with the organization, through the intake and assessment project and consistently throughout the treatment experience.

Professional staff clearly perceives their role as educating parents about the disease of addiction, the signs and symptoms of drug and alcohol use, and the role of relapse in addiction. Staff also sees the need to actively engage parents to become involved in treatment.

**Identification of Techniques that are Currently Working to Facilitate Parent Involvement:**

Providers discussed various techniques they have used to facilitate parent involvement. All providers report that frequent communication with parents, from the very beginning of the treatment experience through discharge, is essential to facilitating parent involvement. A minimum of weekly contact with parents to provide updates on the child’s progress and to receive parent feedback on the child’s behavior and progress is necessary to maintain parental engagement.

Providers report providing parent meetings or groups on a weekly or bi-weekly basis. These groups serve to orient parents to program rules and procedures, as well as to educate parents on issues related to addiction and the treatment process. Providers also report providing multi-family therapy groups to assist families with communication skills training, role playing exercises, and social support. A smaller number of programs also provide individual family therapy to youth and their parents during the treatment program.

In order to initially engage parents to become involved in treatment, providers report that providing incentives to families facilitates involvement. Incentives include providing a meal at the treatment program during family groups, taking meals to families in their homes during in-home counseling sessions, providing childcare to parents during group and family sessions, allowing parents to bring their children with them to family sessions

and groups at the treatment center, and providing parking passes and bus tokens to parents to eliminate transportation barriers.

Providers also report the necessity of being flexible with the scheduling of activities and services with parents. Some providers report providing treatment services in the evenings, and on Saturdays and Sundays to accommodate the needs of parents work schedules.

### **Identification of Things that Need to be Changed to Increase Parental Involvement**

Providers reported a number of systemic issues that pose barriers to parental involvement in treatment and how these barriers could be eliminated. These issues included:

- Employers can terminate a parent for taking time off to attend program services. Hence, parents have to choose employment (often minimum wage or low paying jobs without benefits), or participation in treatment services.
- Program funding needs to include budgets for incentives to engage parents into treatment. Funding for mileage reimbursement or transportation services, food, and lost wages are necessary to engage parents to attend services.
- Program funding also needs to include budgets for case management as a separate service. In many programs, case management services are intertwined with therapy and counseling services. Due to many youth presenting with both a substance use disorder and a mental health disorder, providers report spending the majority of their time in case management activities trying to broker additional community services for the youth and family, thereby compromising the dosage of counseling services provided to the youth and family.
- Treatment for children must involve the parents to increase effectiveness. Hence, providers assert that the entire family, and not just the identified youth should be mandated to treatment. In the case of Marchman Acts, the family would be mandated to treatment, not only the child.
- Training and education of Judges and Department of Juvenile Justice Probation Officers in the importance of parental involvement in effective treatment. Providers perceive the juvenile justice system to be solely focused on the youth without recognizing the need for parents to be involved.
- Providers report that they have no leverage to getting parents who are abusing drugs or alcohol into adult treatment programs. This reduces the effectiveness of treatment the youth is receiving. Mandating the entire family into treatment would assist in identification of parental drug use and facilitate treatment.
- Providers delivering services in school settings report cases where Principals have denied them access to youth identified as needing treatment or early intervention

because the Principal didn't believe drug use was happening in his/her school. School leaders need to receive education and training on the incidence of drug use in schools and the impact that treatment services delivered to youth in school can have on reduced drug abuse and related consequences of drug use in schools.

- Opportunities for earlier intervention into youth drug and alcohol abuse often are ignored because teachers and school personnel have not received training on the signs and symptoms of drug and alcohol use. Teachers and providers need to work together to identify youth at risk for substance use disorders at the earliest opportunity for intervention. Providers recommended that the school system begin to conduct alcohol and drug use risk assessments in middle school to assist in identifying youth in need of early intervention services.
- Providers also identified that many managed care health insurance companies do not cover family services.

Providers discussed the difficulties they experience in trying to engage parents into treatment. There are many parents who, by the time they enter treatment, have had many experiences with their son or daughter experiencing the consequences of drug and alcohol use including arrests, legal entanglements, truancy, poor school performance, family conflict, etc. These parents are seeking respite from their children and are not perceived by staff to be motivated for treatment. Providers expressed the need for support from the juvenile justice and school systems in facilitating and, in some cases, mandating parental involvement.

Additionally, providers identified that the safety net systems for youth are so fragmented with gaps in service continuums that result in families receiving redundant services from multiple providers. The lack of coordination among providers leaves parents feeling frustrated.

### **Identification of Clinical Practices that Work to Facilitate Parental Involvement:**

Providers identified a number of clinical practices that they deem effective in facilitating parent involvement in treatment. These practices include:

- Rapport building and maintenance of communication with parents throughout the treatment episode.
- A proper assessment and diagnosis is key. Many youth use drugs or alcohol as self-medication as a result of an underlying mental health disorder. Many parents believe drug use is a "choice" and need to be educated on the role of mental health disorders in addiction and the physiology of addiction.
- Cognitive reframing for parents to begin to see their son or daughter in a more positive light again.
- Use of Motivational Enhancement Therapy as an engagement strategy with parents as well as youth.
- Use of Cognitive Behavioral Therapy manual.
- Use of "Family Support Network" curriculum for parents.

- Use of the “Active Parenting” curriculum for parents.
- Use of the “Parenting with Love and Logic” mental health curriculum for parents.
- Use of Brief Strategic Family Therapy to facilitate the building of a therapeutic alliance with parents and other family members.
- Exposing families to social support groups like Al-Anon.
- Providing treatment services in the home.
- Providing recreational or social events for the entire family to attend such as pot luck dinners, barbeque picnics, etc.

**Identification of the “Ideal” Treatment System to Engage and Retain Parental Involvement:**

As can be deduced from earlier focus group responses, providers overwhelmingly asserted that the “ideal” treatment system would be one that was “family-centered” and “family-focused.” Due to current system fragmentation coupled with budget restrictions, providers experience tremendous barriers to providing family services. Funding is perceived by providers to be restricted to basic services of counseling while not providing for the wraparound services necessary to support the youth and family.

Specifically, providers assert that the “ideal” system would include all needed services in a “one-stop” place or coordinated to create a seamless service delivery system. The entire family would be mandated to treatment, where appropriate. The Court system would allow the treatment center to conduct a thorough family needs assessment to determine treatment needs and duration. Currently, treatment duration is frequently imposed by the Courts. In some cases, court orders expire before treatment is concluded and the family and youth drop out of treatment services. Additionally, providers indicate that the Marchman Act system can take too long to process and may create a more intense crisis situation for the family than is necessary. Providers recommend an Instantaneous Marchman Act system to engage the family into treatment at the time of the initial crisis while the family is the most motivated to receive intervention services.

Treatment services should include parent groups where parents can learn about addiction, its signs and symptoms, and consequences of drug and alcohol use. Parents also need to be able to receive social support and networking opportunities with other parents experiencing similar situations. Treatment needs to be provided in a supportive family setting. Providers indicated the effectiveness of residential programs for women and families that allow children to reside with their parents receiving treatment. Providers participating in the focus group asserted that similar programs should be implemented whereby parents reside with their children receiving treatment.

Treatment services would include opportunities for parents to engage in organized recreational and social activities with youth. Additionally, vocational therapy for parents and case management for the family were identified as necessary services. Providers also identified the need for parents to have access to aftercare services. Often, once the child has completed treatment, the child has the opportunity to participate in aftercare counseling services, but these services are not provided to parents. Providers

recommended that aftercare services conducted in the home would be beneficial to facilitate the child's return to his/her home environment.

Providers also noted that high staff turnover in programs impacts the quality of care that youth and families receive. Providing staff with higher salaries may retain staff and thereby increase consistent, quality care to youth and families.

### **Staff Training Needs to Facilitate Parental Involvement:**

Providers identified a number of training needs to more effectively facilitate parental involvement in treatment:

- Brief Strategic Family Therapy
- Motivational Enhancement Therapy and Motivational Interviewing
- Multi-systemic Family Therapy
- Contingency Management or Motivational Incentives for youth and parents
- Multi-Dimensional Family Therapy
- Training in Co-occurring disorders in children and adolescents
- Gorski Relapse Prevention for Families
- Training in Medications used with adolescents
- Family Functional Therapy
- Cultural Diversity focusing on Ethnic Differences
- Abuse and Trauma: The Seeking Safety Curricula
- How to use Cognitive Behavioral Therapy with families
- How to create a family behavioral contract
- Group facilitation for Multifamily Groups

### **Identification of Ways Parents and Families Could Help Strengthen Programs and Services:**

While providers discussed various techniques they have used to facilitate parent involvement, no providers indicated utilizing parents on advisory boards, Boards of Directors, or engaging parents to maintain influence into the standards of treatment programs or quality of care after youth are discharged from treatment. Providers report that parents provide input to programs and services most frequently through parent group meetings, suggestion boxes located within the treatment programs, and satisfaction surveys.

Providers report that they have a lot of difficulty engaging parents to become involved in their child's treatment. Asking parents to be more involved through parent councils or alumni associations is not perceived by providers to be an effective means of strengthening programs and services for youth and parents.

## ***Parents Focus Group***

The goal of the focus groups with parents was to gain an understanding of this constituent group's views of parental involvement in substance abuse treatment programs serving adolescents. What do the parents see working? What do the parents see not working? Additionally, the focus group has a goal of developing an understanding of what needs to be done to increase parental involvement in adolescent substance abuse treatment. What changes need to be made to the current treatment system? What must be done for the treatment to be able to change to reduce barriers to parental involvement?

The target attendees for this focus group were biological or adopted parents of adolescents currently engaged in active treatment for substance use disorders or who have received active treatment within the past 12 months. A total of four focus groups with parents were conducted. Two groups were conducted in Central/West Florida, one group in South Florida and one group with parents in North Florida. In total, forty-six (46) parents, grandparents, and guardians of youth receiving outpatient and residential treatment services.

Themes addressed during the focus group included: identification of types of parental involvement services, activities or treatments that are most effective in facilitating parental involvement; identification of techniques that have the least effect in facilitating parent involvement; identification of things that could be done to increase parental involvement; and the identification of ways parents and families could help strengthen programs and services. It should be noted that due to the self-selection, voluntary participation of parents in these focus groups, the results are representative of parents who are and have been actively involved in their child's treatment. Determining the perceptions and needs of parents not participating in their child's treatment would require a different data collection methodology.

All focus groups conducted with parents revealed similar perceptions. The majority of parents do not feel they know what is happening with their child in treatment. Parents report that once the initial assessment was conducted with their child and the child was admitted to a treatment program, their communication with the counseling staff is, for the most part, very inconsistent. Parents reported feeling that the treatment programs are solely focused on the child and do not focus on communication with the family. This creates a great deal of anxiety among parents, particularly with parents of children in residential programs. For some of these parents, this is the first time their child has been away from them for an extended length of time, and not knowing what is happening to their child or how their child is coping in his or her new treatment environment creates fear and anxiety in parents. Parents report that some programs do not offer parent or family groups or services so there are no opportunities for parents to meet with counseling staff for feedback.

Parents also reported their needs for services concurrently with their child's treatment. Parents want to be educated about addiction, the signs and symptoms, and the

consequences of the disease. They want to learn better communication patterns with their children. Some parents indicated that they need to hear about their child's progress in treatment on a consistent basis. Parents report that by the time their child has to be admitted to a residential program, the parents see their child as a failure. If the child is progressing in residential treatment (i.e., doing better in school, managing behaviors better), the parents need to hear this to begin to see their child in a positive light again. Furthermore, these parents have anxiety about preparing for their child's return home after a residential treatment episode and do not feel adequately prepared with behavioral contracts in place or how to resolve conflicts with their child upon his or her return home. Across all focus group questions, the overwhelming message from parents was that they want weekly, bi-directional, feedback and open communication with counseling staff.

**Identification of Types of Parental Involvement Services, Activities or Treatments that are Most Effective in Facilitating Parental Involvement:**

Parents reported that verbal communication with their child's counselor is the most effective way to engage and retain parents in treatment. They indicated that counselors need to be persistent and call parents regularly, or minimally provide the parent with a weekly "report card" indicating the progress or area for improvement their child is experiencing in his or her treatment.

Parents also indicated that parent education groups are effective. These groups educate parents about addiction, support resources such as Al-Anon, and orient parents to the treatment process. These groups also encourage social support networking among the parents. Parents indicated that there is a social stigma related to having a child in substance abuse treatment and it is difficult to disclose this to friends and family. Parents don't know where to go for social support or encouragement and these parent groups offer a safe place to receive this support.

Family counseling sessions were also reported to be effective in keeping parents involved in treatment. Multifamily group counseling sessions were deemed to be effective, and many programs offer these groups. Parents also reported the need for individual family therapy sessions, but few programs provide this service.

**Identification of Techniques that have the Least Effect in Facilitating Parent Involvement:**

None of the parents in the focus groups could identify a technique or service that was ineffective. Parents indicated that "any parent service is a good thing."

**Identification of Things that could be done to Increase Parental Involvement:**

Parents were quickly able to identify several things that could be done to increase parental involvement. These included:

- Providing Al-Anon groups within the treatment programs that are specifically for parents of children with addiction disorders. It was identified that most Al-Anon groups are for the spouses or friends of adults with substance use disorders and parents do not always feel comfortable in these groups. Providing support groups specifically for parents would assist with facilitating social support networking among parents.
- More consistent, frequent, phone calls, emails, or faxed reports of the child's progress in treatment. Parents report that the consistency of phone contact with the counselor is a function of the counselor and not the program. If the counselor is a "good counselor", parents receive frequent updates. Parents report that the variability among counseling staff should be eliminated by mandating that parents receive consistent and frequent feedback.
- Parents report that at intake, their child was asked about what their needs are and treatment plans are developed. They recommended that assessment staff should ask parents what will make them feel comfortable with leaving their child in a residential program. It was suggested that programs develop parent care plans in addition to the youth treatment plans. This would reduce parental anxiety and insure that the program understands the needs and expectations of parents.
- Within residential programs, parents should be asked to volunteer to chaperone field trips or recreational activities. This would allow parents to begin to have positive experiences with their children again.
- Parents in recovery would like to be able to volunteer at programs as role models and mentors for other parents and for youth entering recovery.
- Parents report that programs have a lot of jargon (i.e., Level I, Level II, no privs, etc.) that the parents do not understand and this compromises the level of involvement parents feel with the program. The terminology and culture of the program needs to be explained to parents.
- Parents of youth in residential treatment would like to be able to celebrate with their child on his or her accomplishments while in treatment. Parents report learning, after the fact, that their child has moved up a level in treatment, gained more privileges in treatment, increased academic performance. Often, residential programs have ritual celebrations when such performance benchmarks in treatment are passed by a youth and parents would like to be part of that celebration.

**Identification of Ways Parents and Families could Help Strengthen Programs and Services:**

Parents participating in focus groups were able to quickly identify ways they believed they could strengthen programs and services. It is interesting to note that they did not believe their role should be on Boards or Advisory Councils. They believe programmatic

decisions and activities should be determined by the “professionals who know what they are doing.” “We don’t know what works and what doesn’t – leave it to the professionals.” The counseling and management staff are perceived to be the experts who know what is needed within treatment. However, parents did identify a number of ways they could strengthen program services to meet their needs. These included:

- Parents reported the fear and anxiety they felt when their child was first diagnosed with a substance use disorder and entered treatment and how isolated they felt. Parents suggested that programs work with active parents to create a parent mentoring or coaching program where “new parents” would be paired with “old parents” for support. These relationships would allow parents to ask questions, voice concerns and fears, and receive the support from parents who have “been there.” This relationship would also provide hope for these “new” parents that their child and their family can get better and heal.
- Parents also reported that they needed to be more active in changing systemic barriers to accessing treatment for youth. They report it takes “too long” to get children into treatment slots. Parents reported that unless they “go through the court system or are independently wealthy, you can’t get your child in treatment.” Many parents reported that it is only through the Marchman Act and the Courts that access to treatment is provided. However, parents also report that they really didn’t know about the Marchman Act until their child had been in trouble with the law several times before officers or counselors informed them of the Marchman Act. Parents reported that they need to organize public education about the Marchman Act to parents through the school system so that parents can access treatment sooner rather than later.
- Parents reported they can strengthen programs through having more contact with their congressmen, representatives, and local community leaders and advocate for increased funding for family services and reduction of systemic barriers.

## **Summary**

The results of all the focus groups indicate that both providers and parents identify the need for a substance abuse treatment system that is family-centered and family-focused. The legal and judicial system as well as the treatment system has been developed in a fragmented fashion that focuses on the individual child while viewing parents as “collaterals” and not as an identified consumer of services.

Counseling staff perceive a need to increase skills in providing family therapy services as evidenced by requesting training in a variety of family therapy techniques. Staff are aware of motivational incentive programs that are effective in promoting parental engagement, but do not have funding to implement these programs.

Parents who are actively involved in their children’s treatment want to organize peer support programs for parents and to be as involved as possible with their child’s

treatment. Frequent and consistent contact with parents is deemed to be a vital component of parental involvement by both providers and parents alike.

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