

Improving Access to and Quality of Treatment for Adolescents with Substance Use/Co-occurring Mental Health Disorders

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Family Involvement in Adolescent Substance Abuse Treatment

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In 2005, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) awarded 3-year, \$1.2 million State Adolescent Substance Abuse Treatment Coordination (SAC) grants^a to 15 States and the District of Columbia^b. The SAC grant builds capacity in States to provide effective, accessible, and affordable substance abuse treatment for youth and their families. CSAT requires State grantees to address change within five overarching topic areas: family involvement, finance, workforce development, dissemination of evidence-based practices and interagency collaboration.

Family Involvement

Written by families and professionals, for families and professionals, this initial family involvement issue brief is designed to inform, engage, and motivate a broad, national audience concerned about adolescents in need of treatment for substance use disorders. Benefits and challenges to developing family-focused, State-level adolescent substance abuse treatment systems in the SAC States are discussed. Each SAC State differs in its adolescent substance abuse treatment infrastructure and family involvement experience. This includes both the public and private leadership who champion this issue; the available resources; and the awareness, readiness, and capacity for developing collaborative family-professional partnerships.

Family involvement experiences and activities vary widely across the SAC grant States, as well as all States/Tribes across the country.

Too often, family involvement happens only because a charismatic leader champions the issue and makes things happen.

Family involvement should be an expectation for every State/Tribe and local adolescent substance abuse treatment system, and for the providers who deliver treatment and recovery services. This first issue brief will address the following:

- Defining family involvement and collaborative family-professional partnerships,
- Discussing specific benefits and challenges that exist for involving families,
- Identifying three key areas of focus for family involvement activity,
- Suggesting a working definition of collaborative family-professional partnerships,
- Highlighting lessons learned from family involvement in the SAC grant, and
- Envisioning the future of family involvement.

Defining Family Involvement and Collaborative Family–Professional Partnerships

Family involvement has been defined in many different ways across adolescent and child serving systems. The type of involvement and the expectations for professionals and family members can be understood along a continuum. Terms such as *family friendly*, *family focused*, *family support*, *family centered*, and more recently *family driven* have been used to describe the role of families in advocating,

participating, supporting, and evaluating treatment and recovery support services for their children. As a result of family involvement, family members have become a strong voice advocating for program, practice, and policy changes in the substance abuse treatment system. Individually, and in groups with other family members, parents have learned how to speak out and be heard by agency administrators, elected officials, advocates, and other concerned community stakeholders.

“Family involvement is any role or activity designed to provide youth and families with direct, ongoing, and meaningful input into and influence on substance abuse system policies, programs, and practices that affect the health and well being of youth and families served.”¹

Discussing Specific Benefits and Challenges That Exist for Involving Families

Family involvement in the adolescent substance abuse treatment system is still in its infancy, but families have participated as partners with professionals in other systems (e.g., children’s mental health, education, and developmental disabilities) for a longer time. Both family members and professionals have experienced benefits through creating such collaborative partnerships including:

- Families learning about current services, policies and procedures, emerging trends/challenges, and research on the system from professionals; and
- Professionals learning about unique experiences, perspectives, strengths, and weaknesses from families.

Initial efforts to promote, develop, and support family involvement within the adolescent substance abuse treatment system have been very encouraging. Family members have been engaged, equipped, and mobilized to advocate for improving inadequate systems and sustaining effective adolescent substance abuse treatment system practices, programs, and policies.

However, the adolescent substance abuse treatment field, in general, has lacked a common vision, specific expectations, and clearly defined roles and responsibilities for family members and professionals. Benchmarks to measure outcomes, as well as strategies and activities to increase family involvement at the practice, program, and policy levels still need to be discussed, defined, and disseminated.

Early efforts to increase involvement of family members within the adolescent substance abuse treatment system have identified critical lessons. There are significant and important differences in how the disease of addiction affects families according to their cultural, racial, or ethnic backgrounds; their geographic location; their socio-economic class; and their access to services, supports, or other resources.

Families are unique and their experiences vary. Every attempt must be made to build the capacity of each substance abuse family voice within every State/Tribe. While this fact may seem apparent, implementation may be difficult.

Some SAC States are working successfully with children’s mental health, education, and other family support organizations to meet substance abuse system family involvement goals. But it is necessary to ensure that all families of youth receiving substance abuse treatment services are recruited, represented, valued, supported, and included in meaningful ways. These are the families who are living with the impact of addiction. Their shared experiences, good and bad, offer real-life testimony to guide policymakers in efforts to improve adolescent substance abuse treatment system outcomes and the quality of care provided.

Once the need for treatment is established, knowing how to access treatment services is the next challenge that families face. Educating families about adolescent substance abuse treatment and providing information on how the system works will benefit families who need to navigate the system. Educating families on the disease of addiction and how substance abuse affects the entire family is important. Given the proper support, information, tools, and resources, parents and caretakers are able to not only advocate for their child’s recovery, but for their own recovery and that of other family members including siblings.

Identifying Three Key Areas of Focus for Family Involvement Activity

Practice, program, and policy are three key target areas for expanding family involvement in the adolescent substance abuse treatment system. Families and professionals can partner collaboratively to design, implement, and evaluate the delivery of treatment and recovery services at each of the three levels.

- The practice area focuses on families and service providers as partners in the delivery of services and supports for individual adolescents and their families.
- The program area focuses on families and policymakers as partners to improve how programs are designed and

contracted as well as how providers need to collaborate with agencies in the community to sustain treatment gains and foster recovery for adolescents.

- The policy area focuses on families and policymakers as partners to improve the adolescent substance abuse treatment system. Family members may examine and comment on how the substance abuse treatment system works with other State/Tribal agencies, e.g., mental health, education, child welfare, juvenile justice; how providers are licensed; and how the system is funded and evaluated.

Focusing on these three levels of involvement provides direction for transitioning the current adolescent substance abuse treatment system into a fully collaborative partnership between family members and professionals. The first step is to inform family and community stakeholders and raise awareness of the importance of family involvement. The second step is to create an environment in which families and professionals can communicate honestly, respectfully, and openly about their expectations and respective roles in meeting an adolescent’s treatment needs and the recovery needs of the youth and other family members.

Suggesting a Working Definition of Collaborative Family/Professional Partnership

One goal of family involvement is to develop collaborative partnerships between *family* expertise, resources, and experiences and *professional* expertise, resources, and experiences. Such collaborative partnerships are necessary to help adolescents and their families understand the disease of addiction, engage in treatment, heal, and then sustain recovery from the impact of substance abuse. In treatment, when families and professionals work together in the best interests of the adolescent and other family members, positive outcomes should occur.

Family involvement develops collaborative partnerships between *family* expertise, resources, and experiences and *professional* expertise, resources, and experiences to improve treatment and support recovery.

Highlighting Lessons Learned from Family Involvement in the SAC Grant

A number of issues for families and professionals have emerged from the 15 SAC States and the District of Columbia. This section is not intended to be comprehensive, but rather highlight what has been learned in the first 2 years of the SAC grant period. The hope is that this will point the way for what is next in the development of collaborative partnerships between family members and professionals. Time, effort, and commitment are necessary to make sustainable changes across the adolescent substance abuse treatment field.

The SAC grant process has begun to find what works, and identify benefits and challenges for successfully involving families and professionals as collaborative partners in adolescent substance abuse treatment. This section identifies initial thoughts for consideration within the three key levels.

Practice

Practice issues for families:

- What works: adolescent substance abuse treatment service providers who welcome, engage, support, and respect families “where they are.”
- Benefits: family members gain awareness and understanding of addiction as a brain disease, develop realistic treatment and recovery expectations, and identify available family support services.
- Challenges: professionals’ inconsistent use of effective family engagement techniques, communication methods, cultural competency, and family support services.

Practice issues for professionals:

- What works: families provide insight and experience into adolescent and family use history that can impact effective service planning and practice.
- Benefits: increase the engagement and retention of adolescents and their families in treatment, recovery, and support services.
- Challenges: families lack readiness to engage in treatment due to emotional crisis, culture, language, and/or logistical barriers.

Program

Program issues for families:

- What works: families are empowered to provide valuable input for agency/program quality improvement planning.
- Benefits: families provide crucial input into developing community-based family support services.
- Challenges: family organizations lack infrastructure support, resources, and cultural competency necessary to increase the number and diversity of families involved.

Program issues for professionals:

- What works: professionals encourage family-to-family outreach; promote awareness, peer education, and other support services.
- Benefits: diverse family experiences assist efforts to improve the effectiveness, efficiency, and cultural competence of program staff and services.

- Challenges: families lack leadership and a clear understanding of the impact of best practices and the high priority for family involvement in program operations.

Policy

Policy issues for families:

- What works: policymakers listen to family member experiences, welcome and respect family expertise, and seek family input as part of the policy-making process.
- Benefits: family members experience opportunities to influence policy and develop relationships with policy-makers and other family advocates.
- Challenges: families do not receive adequate training and skill building in advocacy, education, and peer support as well as lack the infrastructure to connect and network with other advocates.

Policy issues for professionals:

- *What works:* professionals hear personal experiences and input from family members to help inform policy decisions and provide opportunities to foster relationships with constituents.
- *Benefits:* policymakers have access to “issue experts”; convene stakeholder groups for hearings; and access consumer input to identify system issues, service gaps, and possible solutions.
- *Challenges:* the lack of a consistent, unified and organized family voice for policy agenda items.

Nationally, family involvement in adolescent substance abuse treatment is in the early stages of development. There are no documented successful models that address practice, programs, and policy. However, all SAC States are pioneering new ways to col-

laborate with family members. The following are examples from the first two years of the SAC grant period.

Promising Practices

Arizona

- Contracted with family organizations to provide family support and advocacy,
- Used teleconferencing to increase youth participation,
- Conducted outreach to Native American population, and
- Published a “Roadmap to the Substance Abuse System” in English and Spanish.

North Carolina

Developed training curriculum facilitated by family-professional teams called “How to choose a service provider.”

Promising Programs

South Carolina

Developed and implemented state-wide family “listening sessions” series and established a Family Advocacy Board.

Ohio

Created a “Family Corner” website with resources and tools for parents at www.ebasedtreatment.org.

Promising Policies

Connecticut

Developed a policy paper entitled “Blue Print for Change: Bringing Families into Connecticut’s Adolescent Substance Abuse Treatment System.”

Vermont

Implemented ACT 264, legislation that requires human services and public education to work together to involve parents and coordinate services to achieve better outcomes for children and families.

Envisioning the Future of Family Involvement

Efforts to develop and enhance collaborative family–professional partnerships have been and will continue to be essential steps to sustaining, improving, and expanding access and quality of the adolescent substance abuse treatment system. Ideally, State/Tribal adolescent substance abuse treatment systems of the future will consist of collaborative partnerships between family members and professionals, as well as with other child and family serving systems to:

- *Integrate delivery of adolescent substance abuse/co-occurring disorder services into a seamless continuum of prevention, early intervention, treatment, and recovery support;*
- *Strengthen and build leadership capacity of family members, professionals, and providers;*
- *Educate/train families on relevant issues (e.g., how the system works, advocacy skills, and peer support);*
- *Develop funding resources to sustain family involvement (e.g., Medicaid EPSDT and optional Medicaid coverage categories);*
- *Provide resources for family involvement (e.g., transportation, program and policy stipends, funding for family advocates/advocacy groups);*
- *Include family choice of evidence-based, accessible, affordable, and culturally relevant service options;*
- *Support and build on shared knowledge of what works;*
- *Identify and act on challenges and opportunities for success;*
- *Leverage political will for effective, efficient, and equitable allocation of resources and infrastructure development; and*

- *Measure the outcomes of family involvement.*

Conclusion

This issue brief is based on what SAC States have learned in the first two grant years. It incorporates emerging knowledge on addiction, treatment, and recovery; and is a step toward building consensus for a vision of the future health and well being of our country’s adolescents in need of substance abuse treatment and their families.

Family involvement in the planning and delivery of services with treatment providers and policymakers at all levels—individual, community, county, State/Tribal and Federal—is beginning to happen; and the adolescent substance abuse treatment system should strengthen and support such efforts. Family involvement is necessary to improve the quality of care provided and to ensure that all adolescents in need of substance abuse treatment and their families receive accessible, appropriate, and quality treatment.

Family members are learning how to speak out, support each other, and advocate for their sons and daughters who suffer from the disease of addiction. The family voice is becoming stronger. Collaborative partnerships of families, treatment professionals, researchers and public officials are developing. Learning from each other and working together will not only create an adolescent substance abuse treatment system that is relevant, responsive, and results-driven, but also one that will reduce and ultimately eliminate the shame, stigma, disparities, and discrimination associated with the impact of substance abuse.

“Coming together is beginning, keeping together is progress,
and working together is success.”

Henry Ford

References

¹ New York State Councils' Children and Families Coordinated Children's Services Initiative, Tier III Leadership Team. CCSI Family Involvement and Strength Based Practices. Retrieved 8/3/07 from <http://www.ccf.state.ny.us/resources/ccsi/family.htm#Definition>.

Notes

^a To learn more about the SAC grant, please read the NOFA on the World Wide Web at: http://www.samhsa.gov/grants/2005/nofa/ti05006_adolescents.aspx.

^b SAMHSA awarded SAC grants to the following States: Arizona, Connecticut, Florida, Georgia, Illinois, Kentucky, Massachusetts, North Carolina, Ohio, South Carolina, Tennessee, Virginia, Vermont, Washington, Wisconsin, and the District of Columbia. In this document these grantees are referred to as States.

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