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Family, Community, and Peer Factors in Substance Abuse Recovery and School Achievement

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Walden University
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Abstract

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Lisa Duszynski

MBA, University of Phoenix, 2010

BS, Saint Petersburg College, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Research correlates adolescent drug use and dropout rates, and the National Survey on Drug Use and Health shows 31.4% of those who dropped out of high school had used an illicit substance recently. The purpose of this study was to examine adolescents' perceptions of the influence of family, peers, and community, on recovery and academic achievement as a result of participation in a school-referred drug education program. To inspect the study purpose, Henggeler's multisystemic therapy was used to guide the study. Data collection used a researcher-designed, open-ended survey to collect responses from 14 individuals involved in a school-referred substance education program. Findings from a hand-coded, predetermined, color-based, schematic data analysis made it possible to use a thematic approach by "chunking" the data accordingly for comparison and analysis. The results indicated that more education is needed on the topic of drug use and the community programs available to help with the recovery process, there was a lack of perceived peer pressure to use substances, and the importance of family communication and positive community connections to prevent recidivism. Findings may be used to improve treatment programs by promoting relationships, shortening lessons, and including popular teaching techniques in an attempt to engage those who are involved in the programs. Higher engagement and taking the needs and limitations of the clientele into consideration when designing treatment or education programs will help those in the program retain knowledge of resources and supports available to them thus helping to educate others while decreasing recidivism rates while promoting positive social change.

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Dedication

For my grandparents, wherever they may be. We did it.

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There are enough thanks to be given that I could write another dissertation full of nothing other than gratitude. I could not have done this without the help and support of my colleagues, especially Kevin Hendrick and Lisa DePaolo, without whom I may never have known the FATSEP program existed and this version of the dissertation would never have come to be. Thank you, Lisa, for your endless patience and help navigating the red tape necessary to make this happen. I also would like to extend my thanks to my colleague, Larry Lynch, who acted as my personal APA formatting and grammar guide. Thank you for helping with the woulds, coulds, shoulds, and commas.

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Chapter 1: Introduction to the Study

The aim of the current study was to investigate the perceptions of adolescents who are in treatment programs offered by their school districts. The participant perceptions investigated addressed the roles of family, friends, school, and community on the adolescents' treatment and recovery as well as school achievement. Findings may be used to develop programs that integrate influences in adolescents' lives in a manner that promotes successful treatment completion and school achievement. The social implications of the study include designing programs that address the needs, opinions, and influences of adolescents involved in community-based and school-referred treatment programs. This may help to decrease recidivism rates, increase rates of treatment completion, and increase graduation rates. This chapter presents the background of the study, the research problem, gaps in the literature, the purpose of the study, and the phenomenon of interest. I also include the research questions, theoretical framework, nature of the study, definitions of terms, assumptions, scope, limitations, and significance of the study.

Background

A significant amount of research has been conducted linking adolescent substance abuse with family situations (Bertrand et. al., 2013; Jiménez-Iglesias, Moreno, Rivera, & Garcia-Moya, 2013; Matejevic, Jovanovic, & Lazarevic, 2014; Rynes, Rohrbaugh, Lebensohn-Chialvo, & Shoham, 2014; Snell, Radosevich, & Feit, 2014). Singh, Thornton, and Tonmyr (2011) identified involvement in the child welfare system as a potential risk factor for substance abuse. Although family factors play a major role in the

potential for adolescents to begin to use substances (Nomura, Y., Hurd, Y. L., & Pilowsky, D. J., 2012), other factors have been found, which can contribute to potential use. Flaherty, Sutphen, and Ely (2012) investigated the relationship between chronically truant adolescents and substance abuse and found that academic achievement was a potential factor to be examined in determining the likelihood of adolescent substance abuse.

Previous researchers indicated that education and substance abuse influence each other (Flaherty et al., 2012). Crosnoe (2006) found a correlation between schools with higher levels of failing students and abnormally high levels of student alcohol use. Crosnoe analyzed data from the National Longitudinal Study of Adolescent Health and discovered that the number of classes failed in one year more accurately predicted alcohol use a year later than early alcohol use. Crosnoe also found that schools in which there was a positive, protective relationship between the students and the teachers showed lower levels of alcohol consumption and increased academic achievement among students.

Andrade (2014) discovered that the school influences on substance use come from the population of the school, and school-based prevention programs should reach beyond the students. These programs should include family, friends, and disorders other than substance abuse (Andrade, 2014). Several researchers investigated the role of family attitudes, actions, and perceptions in the development of deviant behaviors among adolescents (Fosco, Stormshak, Dishion, & Winter, 2012; Jiménez-Iglesias et al., 2013). These factors have been found to have an impact on the success of treatment programs

(Gogel, Cavaleri, Gardin, & Wisdom, 2011). Expanding school-based programs to address issues such as anxiety, depression, violence, and development of self-esteem and inter-personal bonds may play a role in decreasing the use of illicit substances and increasing the academic success of the students (Andrade, 2014). The purpose of the current study was to explore the views of those most impacted by substance abuse to improve substance abuse treatment programs aimed at aiding adolescents in their recovery.

Many programs include education as a way to prevent the use of illicit substances among youths. Some programs for helping to treat the mental illness while simultaneously combating the overwhelming incidents of dropping out of an educational program have been shown effective (Tze, Le, & Pei, 2012). More information needs to be gathered to support substance abuse treatment and scholastic achievement for individuals who need assistance to overcome their mental health issues (Becker, 2013).

Problem Statement

Substance abuse among adolescents is a mental health issue that affects U.S. youths (Bertrand et al., 2013). According to the 2013 National Survey on Drug Use and Health, an estimated 1.3 million (5.2%) adolescents ages 12 to 17 had a substance use disorder (Substance Abuse and Mental Health Services Administration, 2013) and only 10% of these individuals received any form of treatment (National Institute on Drug Abuse, 2014). According to Becker (2013), the level of experimentation with alcohol and illicit drugs has increased over the last three years.

Adolescent substance abuse can cause many problems for individuals as they transition to adulthood. One of the more pressing issues encountered during this transition is that adolescents who have substance abuse issues tend to drop out of high school (Bertrand et al., 2013; Becker, 2013; Gogel et al., 2011). Data from the National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, 2013) showed that 1 in 7 youths ages 16 to 18 had dropped out of high school, and 31.4% of these individuals had used illicit drugs within the previous month. Many therapies that are available focus on the treatment of the substance abuse and neglect the need for scholastic support in addition to the treatment of the illness. Some high schools have partnerships with community-based programs dedicated to the treatment of substance abuse while emphasizing the importance of scholastic achievement (Osgood, Eaton, Trudeau, & Katz, 2012).

There is a problem in the educational system that is not adequately addressed in the current literature. Despite the introduction of various substance abuse education and prevention programs in high schools, the graduation rates are only increasing by a small percentage each year (Florida's High School Cohort Graduation Rates and Single-year Dropout Rates, 2012-13). Nationally, among all schools regardless of the implementation of substance abuse education and treatment programs, the graduation rate for the 2009-2010 school year was 78%; in 2010-2011, the graduation rate was 80%, and the 2011-2012 graduation rate was 81% (Graduation Rate Trends, 2014).

This problem is negatively impacting adolescents, especially those with substance abuse issues because they lack the necessary support to be scholastically successful. A

study addressing the relationships between community-based programs and schools, what adolescents feel is lacking from the school-referred treatment programs, and what adolescents feel is working from these programs could help pinpoint areas of the programs that could be redesigned to increase graduation and successful treatment rates.

Purpose of the Study

The purpose of this study was to examine adolescent perceptions of the influence of family, peers, and schools on their academic success and recovery in community-based substance treatment programs. I explored the relationships between community-based programs and schools, what adolescents feel is lacking from the treatment programs they have access to through their schools, what they feel is working from these programs, how they view the influence of family, and how they view the influence of peers on their recovery. I also explored how treatment programs are impacting their academic standing. The information gathered may be used to develop programs based on the perceived needs and effective methods of treatment. These programs may be designed to integrate family, peer, and scholastic factors to promote the highest levels of recovery and scholastic achievement among students who need help.

Research Questions

The research questions (RQs) about the influence of community factors on treatment and recovery of adolescent substance abuse were as follows:

RQ1: How do adolescents perceive the influence of family on their academic achievement and substance use/recovery?

RQ2: How do adolescents perceive the influence of peers on their academic achievement and substance use/recovery?

RQ3: How do adolescents perceive the influence of the supports provided in their school on their academic achievement and substance use/recovery?

RQ4: How do adolescents perceive the influence of the attitudes, values, and norms of the community on their academic achievement and substance use/recovery?

RQ5: How do adolescents perceive their academic standing to be changing as a result of their involvement in a treatment program?

Conceptual Framework

Substance abuse is a complex mental health disorder that impacts not only the mental functions of an addict but also the physical aspects. According to the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (DSM-5), substance abuse is diagnosed when there is a pattern or maladaptive use of substances that leads to failure to fulfill obligations at home, work, or school; repeated use of substances in situations where it may be hazardous; repeated legal problems; and repeated/continued use of various substances regardless of the continuing negative impacts the use has on various aspects of a person's life (American Psychiatric Association, 2013). Behaviorism or cognitive behavioral theory are the theories that many psychologists and therapists use as the basis for their treatment approaches for mental ailments including substance abuse and learning disorders. Behaviorist methods of treatment have been effective in discovering what causes people to behave in a certain manner and to help them identify triggers that elicit certain behaviors or ideas.

Bandura presented social cognitive theory as a method to explain why people behave in a certain manner (Schultz, 2008). Bandura's theory is based on the idea that people learn by actions they have seen in their lives (Schultz, 2008). Bandura believed that if people can learn behavior by observation, then they can also begin to unlearn behaviors using the same process, a method that came to be known as behavior modification (Schultz, 2008). Social cognitive theory was used to explain the influence family and society have on the desire to do well in school and the effectiveness of treatment programs on those with substance abuse disorders.

Because multiple factors influence substance abuse and education, it is necessary to examine as many of the potential influences as possible. A successful treatment framework has been developed to encompass the influence of family, peers, and community. This framework is Henggeler's multisystemic therapy (MST). MST is an approach founded on cognitive, social, and behavioral theories.

MST addresses several areas of deficiency in the lives of individuals. MST is used by the caregiver and therapist to deliver multiple types of therapies within one framework based on the idea that the caregiver and the home environment are vital pieces of the recovery process (Fonagy et al., 2013). Henggeler (as cited in Addison et al., 2009) found that the participants increased attendance in school, and there was also a noticeable increase in completed assignments as well as better grades as a result of being involved in an MST program. MST emphasizes that there are many different areas of society that are involved in treating an individual and that there is a need for consistency during treatment (MST Treatment Model, 2014). Using this framework, I explored adolescents'

perceptions of the influence of family, peers, and community on recovery during a school-referred treatment program. MST aligns with the idea that several areas of a person's life impact the use of illicit substances. An adolescent enrolled in school spends a significant amount of time with peers who are also part of the school environment. These peers can have a lasting impact on the decision to begin using illicit substances to gain favorable standing among those peers (MST Treatment Model, 2014). MST focuses on involving adolescents in school-sponsored activities as well as helping individuals find ways to improve their grades or find a potential career path (MST Treatment Model, 2014).

Nature of the Study

Substance abuse is a complex phenomenon, and the data required to answer the research questions could not be obtained using a quantitative method. Qualitative methodology is useful when focusing on experiences and perceptions of participants (Creswell, 2014). In this study, a grounded theory approach was used to explore how peers influence substance use and scholastic achievement, how familial factors influence substance use and academic achievement, and which types of treatment have the most impact on an adolescent's ability to recover.

Definitions

Adolescence: The period of development that occurs between childhood and adulthood. Adolescence usually occurs between the ages of 12 and 18 (Godley, Garner, Smith, Meyers, & Godley, 2011).

At-risk: A high probability that an individual will be involved in a harmful practice (Moore, 2006). At-risk was used to describe individuals who had shown a proclivity toward substance use, abuse, and dependence.

Henggeler's multisystemic therapy (MST): An approach that integrates cognitive, social, and behavioral theories into a type of therapy that addresses several areas of deficiency present in the lives of individuals (Fonagy et al., 2013).

Scholastic achievement: Appropriate attendance in school, appropriate engagement in school, and meeting the graduation requirements set forth by the school district.

Substance abuse: Continued use of a specified substance resulting in negative consequences in a period of at least 12 months of (American Psychiatric Association, 2000).

Substance dependence: Cognitive, behavioral, or physiological symptoms motivating the individual to continue to use a particular substance despite significant problems caused by the use of the substance (American Psychiatric Association, 2000).

Assumptions

To gather and analyze the data required in this study, several assumptions needed to be made. The first was that the data gathered from the participants was truthful and complete. Participation was voluntarily and confidential, and participants were able to withdraw from the study at any time. These circumstances helped ensure that information given was truthful and accurate.

Another assumption was that participants taking the survey were enrolled in the treatment program because they wanted to be there and wanted to get professional assistance with their issues. I also assumed that the participants were aware that they had a problem, that they were in a program to receive help, that they wanted to take control of their situation, and that they were ready for change.

Finally, I assumed that the survey questions were constructed in a manner that was appropriate to gather the desired information. I made this assumption based on the fact that the questions were formulated with the expertise of a qualitative methodologist. These assumptions were necessary so that the information gathered could be trusted to be valid, and reliable.

Scope and Delimitations

The aim of this study was to gather information relating to the views of adolescents who are involved in a community treatment program recommended through the school system. The adolescent participants provided information regarding what they considered to be the most influential aspects of their recovery. Findings may be used to inform a treatment program to address the factors that adolescents feel are important. If the treatment programs are focused on what the involved parties think is most important, then it will be more likely that participants will feel as though they are being taken seriously and will have better results during and after treatment (Dow & Kelly, 2013). The study was bound by the sample population consisting of adolescents enrolled in the local program in the South Eastern United States. To maintain privacy, the name of the

actual program will be redacted and a pseudonym, Family and Teen Substance Education Program (FATSEP) will be used instead.

This program is used by all schools in the district for students who have been caught on campus with possession of illicit substances. Only students involved in this program were surveyed, and any student associated with my workplace was not included in the study to avoid any possible conflict of interest. Although the sample of participants was drawn from this program, the participants were not asked to reflect only on this program. They were asked about their experiences in other programs that they had attended to provide more generalized information. Behavioral, cognitive, and social theories were not investigated individually in this study because the FATSEP program integrates various aspects of the community in the treatment process and while less intensive this methodology falls in line with the theory being used, MST.

The methods used in this study were transferrable to other locations. The information gathered may be helpful in any related situation. Although the results may vary slightly in different communities and with different programs, findings may be used in general to develop treatment programs.

Limitations

The study had several limitations. The first is that the population represented only a specific area and was not a representative sample. It was not practical for me to travel to various locations throughout the United States to gather the needed information. As a result of this, findings from the convenient sample were representative of one area only.

Another limitation of the study was that the data-gathering tool had not been tested in many situations to ensure their reliability and validity. The data-gathering tool used was developed for this study only, to be used with the local sample population. The information gathered in this study was analyzed using qualitative methods of color coding for identification of similar data.

Another limitation was that there was no way to validate the information coming from the participants. The information was voluntarily provided and was a form of self-assessment that was hard to confirm. Because participation was voluntary, I assumed that the information being given was accurate, valid, and reliable.

A final limitation was that there were time constraints on the study. The individuals who participated in the study were eligible only during the treatment program, so all data needed to be gathered before the participants completed the program. This indicates that some phenomena may become apparent that will not be able to be followed up on as a result of the inability to access the participants.

Although there were limitations to the study, findings were transferable to other areas. Conducting the study through social media outlets to gather data from a broader range of individuals may enhance validity and reliability of the findings (Golafshani, 2003).

There are many ways bias can impact a qualitative study (Creswell, 2014). The greatest threat of bias is that the researcher gathering the data can inadvertently present bias into the study (Creswell, 2014). Facial expressions, tones, dress, and reactions to answers can all create an inadvertent bias in the study. I remained as neutral and

unemotional as possible during the study. Because the data was collected in a survey, there was little possibility that personal bias was present.

Another form of bias that can occur is in the phrasing of the questions and follow-ups. The researcher may lead the participants toward a specific answer, which may result in biased findings. To address this potential bias, all questions were examined by a methodology expert before the study.

Bias can also present in the reporting of the findings of a study. After focusing for so long on data in a study, researchers may struggle to keep an open mind when analyzing responses from participants. Researchers put so much into their work that there are times when it is hard to take a step back and look at information objectively (Creswell, 2014). Knowing that this can happen can help to reduce the potential for bias in the reporting of findings. Having others look at the findings and interpret them can help to eliminate this bias, as can taking a break from the research (Creswell, 2014).

Significance

With adolescent substance abuse increasing at a distressing rate (Becker, 2013), it is important that treatment programs begin to address the growing needs of those involved in this upward trend. Gogel et al. (2011) indicated that there are certain factors adolescents perceive as important to their recovery that are not addressed in most common treatment programs being offered. Focusing on adolescents' perceptions of the treatment program provided through the school system may provide insights that can aid psychologists in the development of treatment programs targeting the needs of adolescents. By exploring what needs are not being met and what adolescents think

would help them recover from substance abuse and complete their education, I hoped to contribute to the development of programs that would help adolescents achieve their goals of recovery and education.

Summary

This chapter included an introduction to the topic and research problem and some background information regarding the social impact of the phenomenon being studied. This chapter also included a brief overview of the study and the scope, methods, limitations, and significance of the study. In Chapter 2, I examine the evidence from the literature supporting the need for this study.

Chapter 2: Literature Review

In this chapter, I discuss the selection of the research topic, the literature search strategy, the library databases accessed, the key terms used, and the search strategies employed. The selected theoretical foundation, multisystemic therapy (MST), is discussed as well as the efficacy of this theory in the treatment of adolescent substance abuse. I also discuss the conceptual framework of the study. Next, I review the currently available literature on adolescent substance abuse, substance abuse treatment, and education of those suffering from substance abuse.

Despite increasing awareness of the issue and increased opportunities for treatment, there is a problem in the U.S. public education system that is not thoroughly addressed in the current literature. Despite the introduction of different programs in high schools, graduation rates are increasing by a small percentage each year. Nationally, the graduation rate for the 2009-2010 school year was 78%; in 2010- 2011, the graduation rate was 80%, and the 2011-2012 graduation rate was 81% (Graduation Rate Trends, 2014). The slow integration of treatment programs into the school system is not adequately impacting adolescents with substance abuse issues because they lack the necessary support to be scholastically successful. A study addressing what adolescents feel is lacking from these programs and what they feel is working may help pinpoint areas of the programs that could be redesigned for better graduation and treatment rates.

Adolescent substance abuse can cause many problems for an individual as he or she transitions into adulthood. One of the more pressing issues has been that adolescents with substance abuse issues tend to drop out of high school and do not complete their

scholastic education (Becker, 2013; Bertrand et al., 2013; Gogel et al., 2011). Data from the National Survey on Drug Use and Health showed that 1 in 7 youths ages 16 to 18 had dropped out of high school, and 31.4% of these individuals had used illicit drugs within the previous month (Substance Abuse and Mental Health Services Administration, 2013).

Many therapies that are available focus on the treatment of the abuse and neglect the need for scholastic support in addition to the treatment of the illness. According to the 2013 National Survey on Drug Use and Health, an estimated 1.3 million (5.2%) adolescents ages 12 to 17 had a substance use disorder (Substance Abuse and Mental Health Services Administration, 2013), and only 10% of these individuals received any form of treatment (National Institute on Drug Abuse, 2014). Although some high schools are dedicated to the treatment of substance abuse while simultaneously emphasizing the importance of obtaining a scholastic education (Osgood et al., 2012), there are not nearly enough of these programs to help the increasing number of those in need of such programs.

Literature Search Strategy

To conduct the literature search, I used the Walden University library. The main databases used were PsychArticles, ERIC, Academic Search Complete, Education Research Complete, EBSCO, PsychInfo, and ProQuest. Thoreau was often used to search multiple databases at once. In addition to these databases, I used Google Scholar to find articles that may not have been accessible through the Walden library. To find information that was not an online article, I conducted searches using the local public library co-op that has access to multiple university libraries and databases in the area.

Browsing recently published books regarding substance abuse treatment of adolescents was another method used to search the current literature. Many of these books were purchased or borrowed from a library to ensure an exhaustive search of the current literature.

The most commonly used search terms were *adolescent, substance, substance use, substance abuse,* and *treatment*. The Boolean operator *and* was often used to narrow the search results. Searches included *adolescent, treatment,* and *education* to find literature addressing educational programs currently used as preventive measures in schools. *Adolescent, substance abuse,* and *drop-out* were used to find literature regarding the current trends in adolescent substance use with regard to completing a scholastic program. To find data on current treatment programs, I accessed the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration websites. These websites provided links to other government and research-based sites with information on the topic being investigated. To gather the most recent information regarding high school dropout rates nationally, I used the United States Department of Education (DOE) website. When it appeared as though the most recent information available through this site was a year behind, I requested information from a local principal who provided links and PDF reports of the most recent information provided to the county; this information mirrored the dates and information on the DOE website.

To search for related articles, I used a variety of methods. At first, the searches were general using only the search options. This was done to see what was available and what needed to be done to refine the results. After general searching had been completed,

I used the advanced search properties. From this point forward only peer-reviewed articles were selected. During the more advanced searches, the key words were used with Boolean operators *and*, *or*, and *not*. This helped to return results that were specific to the research topic. I conducted the same general searches in all databases with specific variations depending on the returned results. Different combinations of search terms and operators were used as well as changing the order of the search terms. This resulted in different top results being displayed. Also, when using Google Scholar, I employed the option for related items to find other articles. During searches, it became evident that many results were not current research. To combat this, I used the advanced search date options to select research published within the last 10 years. I then scanned and categorized articles for relevance and annotation. Another method of searching was to read the references in each article to find other relevant articles.

Theoretical Foundation

Multiple factors influence substance abuse and education, and it is necessary to examine as many of the potential influences as possible. A successful treatment framework has been developed to encompass the influence of family, peers, and community. This framework is Henggeler's multisystemic therapy (MST). MST is an approach founded on cognitive, social, and behavioral theories. MST is a type of therapy that addresses several areas of deficiency present in the lives of individuals (MST Treatment Model, 2014). MST is based on the idea that the caregiver and the home environment are vital pieces of the recovery process. MST works with the caregiver and one therapist to deliver multiple types of therapies within one framework (Fonagy et al.,

2013). MST also emphasizes the need for consistency during treatment, and that there are many different areas of society involved in treating an individual. Different aspects of the lives of the adolescents can be reviewed, compared, and used to develop a program that addresses the deficiencies in all of these areas and to incorporate the ideas and needs of the individual adolescents. Another major component of MST is the idea that several areas of a person's life impact his or her use of illicit substances, and that an adolescent spends most of his or her time in school (MST Treatment Model, 2014). MST focuses on involving the adolescent in various school-sponsored activities and helping the individual find ways to improve his or her grades or find a potential career path (MST Treatment Model, 2014).

MST was founded in the 1970's by Henggeler and his colleagues and is a model of treatment that has been used effectively in many states. Although this model is more intensive than what the participants of the study are experiencing, many of the same aspects such as familial and community involvement are present. MST is an alternative to inpatient treatment because it is an intensive outpatient program based in the homes and communities of the clients (Addison, Henggeler, Swenson, & Taylor, 2009).

MST integrates the evidence-based practices of cognitive-behavioral, pharmacological, and family treatments that have been developed over the years. The MST framework makes two assumptions to support its methods. First, it is assumed that children and adolescents are involved in many systems within their community. Secondly, it is assumed that the influences provided by these systems are bidirectional; the individuals have an impact on the system, and the system as a whole also has an

impact on the individuals (Addison, Henggeler, Swenson, & Taylor, 2009). The differing layers of influence and their impact on adolescents are shown in the ecological model in Figure 1.

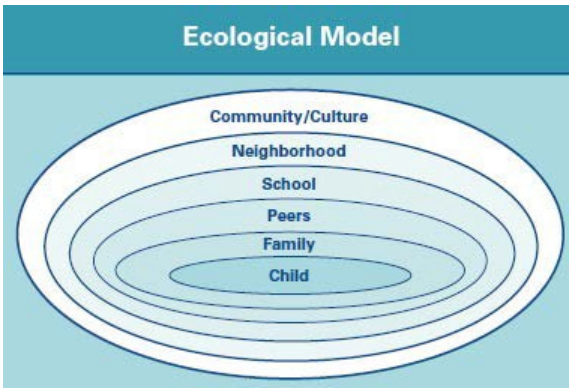

Figure 1. Visual representation of the ecological model of MST. From "MST: An Overview," page 1. Retrieved November 15th, 2014 from www.mstservices.com.

MST differs from other forms of treatment because it is a family, home-based, intensive treatment program that works with the individual needing treatment, the family, and the community surrounding the individual (MST: An Overview, 2014). Although group therapy is often used, it has been well documented that it is rarely an effective method of treatment for those who are suffering from substance abuse issues and, in fact, may be more harmful than helpful in many situations (Addison, Henggeler, Swenson, & Taylor, 2009). MST does away with the conventional group therapy model where several adolescents with the same issues are placed in a room together and instead focuses on the group being the immediate family and peers of the individual. The major theoretical proposition of MST is that after a time, the families, specifically the elders in the family, become more equipped with ways to control the behavior of the adolescent and surround him or her with positive behavior reinforcement strategies. The overarching goal is for

the therapist to become involved in the family and neighborhood to teach them how to regain power over the situation to rectify it.

The following are the nine main principles of MST:

1. Understand the integration of the problems and their systematic context.
2. Highlight the positive while using individual strengths as starting points for change.
3. Design interventions to bolster responsible behaviors in all involved parties.
4. Interventions are focused, attainable, and measurable.
5. Interventions also target sequences of maladaptive behavior.
6. Interventions are flexible and designed to help at all ages and stages of life.
7. Interventions are designed to require daily work.
8. The effectiveness of strategies is continually evaluated from multiple perspectives to ensure that the best results are being obtained.
9. Interventions are designed to adapt behaviors to remain positive and healthy for the long term (Henggeler, 2009).

These principles are the basis for a successful MST program and should be the guiding force for a therapist who is heading an MST based treatment program. The therapist needs to understand the importance of the differing aspects of the community that surround the family being treated (see Figure 1). The therapist needs to be constantly flexible and willing to change the specifics of the treatment model as more information becomes available to him or her.

Henggeler, Swenson, Taylor, and Addison (2009) were able to use MST in an area where crime rates and substance abuse were high and also where scholastic achievement was on the decline. After the three year program was complete, crime rates and substance use recidivism had substantially decreased, and educational goals were improved and maintained (Addison, Henggeler, Swenson, & Taylor, 2009). Fonagy et al., (2013) researched substance using adolescents in London and concluded that MST had a greater impact on the short-term as well as the long-term efficacy of the treatment for those individuals (Fonagy et al., 2013). That this treatment approach is replicable in other areas and still yields favorable results, reveals that it is something that can be made to fit into any culture and have a successful outcome when practiced with fidelity. Ozechowski & Liddle (2000) determined through a meta-analysis of previous literature, that family based therapy is a powerful intervention for substance abuse among teenagers. One of the modalities of empirically supported treatment they found to be most effective was MST (Ozechowski & Liddle, 2000). Several researchers support the idea that there is no single method of treatment that is best to help those with substance use disorders, and the fact that MST integrates multiple aspects of various treatments that provide the most intensive care for the patients is part of why it has become such a successful method of treatment (Hogue, Henderson, Ozechowski, & Robbins, 2014; Fonagy, 2013; Jensen, et al., 2011; McLeod, & Uemura, 2012).

This framework was chosen to support the current research as it has repeatedly been shown to fall in line with research indicating treatment of all aspects of an individual's life provides better recovery results. Addiction is not something that is

caused by a single factor in a person's life (Henderson, 2000), so choosing a theory that addresses multiple components of his or her life will logically yield the best treatment results. Research has indicated that many times lack of mental development (Watkins, 2009), personal development, and antisocial behaviors are associated with substance using individuals (Cassel, 2003; Rose, & Bond, 2008). MST integrates aspects of several theories shown to be successful in the treatment of adolescents. The integration of familial, peer, academic, and community influences on treatment help to aid the individual in a successful recovery. MST has also been shown to integrate aspects of behavioral and cognitive conditioning in a manner that promotes a change in lifestyle. This change stays with the individual for an extended period and thus reduces recidivism and increases the chances that the positive treatment outcomes will be maintained (Henggeler, 2009).

MST is related to this study and research questions because the research is focused on determining the impact of family and other factors on the use of substances and views of recovery. MST integrates multiple aspects of the life of an adolescent to develop a plan that helps him or her develop and sustain a new way of life and thinking (MST; an overview, 2014). MST is a treatment method designed to be flexible to match the needs of each individual or community. In Figure 1 the different stratospheres of involvement are shown. However, in certain cases, some areas may be in a different order for specific individuals, and the information gathered from this study may be able to help point out some of those possible disparities.

Key Variables and Concepts

Academic Success

According to information gathered by the Phoenix Academy, a program started by the Phoenix House Association, nearly 10% of substance-abusing teenagers are at least three years behind their peers academically, 23% are at least two years behind, and 57% have fallen at least one year behind their academic counterparts (Morral, & Stevens, 2003). Mountain Manor Treatment Center in Baltimore Maryland has designed their inpatient treatment center to contain many components of MST, including the vital educational link. Patients in this inpatient program receive therapy, medication if necessary, family treatment, group therapy, and have three and a half hours per day of scholastically focused activity. Program coordinators work with individual adolescents, their schools, and their teachers to keep the individuals up to date academically while they are receiving treatment. This type of intense educational focus is a beneficial way to increase the likelihood that an individual will complete their schooling (Somers, & Piliawasky, 2004). This treatment facility also offers an opportunity for patients to make up missing credits, earn their GEDs, and are even capable of implementing an Individualized Education Program (IEP) while they are working on maintaining their academic pace. When treatment is completed in this facility, patients are discharged and can return to school without feeling it is impossible to catch up. Upon discharge, this facility also offers outpatient therapy for the individuals and their families (Morral, & Stevens, 2003). One downside of this program is the need for the families to travel further than may be possible so they can attend regular therapy sessions even though

transportation to and from the treatment center is provided when possible (Mountain Manor Treatment Centers, 2014). Other downsides include waiting for long periods of time for an appointment, or for a bed to open for admission to the facility as a result of the overwhelming popularity of this program.

In September 2006, three schools in Massachusetts launched programs that they called “Recovery Schools.” These schools were responsible for developing and maintaining a curriculum in line with the Massachusetts state standards and integrating multiple layers of recovery support for students. Of the 97 students who were referred to one of the three recovery schools 72% completed the school year, 49% of the students who were polysubstance users for many years prior had no positive urine analysis results, and 31% had only 1-2 positive urine analysis results. Not only did the recovery schools show a substantial decrease in the use of illicit substances among students, but the programs were also able to aid the students in obtaining grades in the A-B range. These schools were also successful in encouraging the student to participate in some form of continuing education program after graduation from high school (Kochanek, 2008).

Family Involvement

An approach that is becoming more frequently used in the treatment of adolescent substance abuse is Multi-Dimensional Family Therapy (MDFT). This treatment approach involves assessing multiple areas of the life of an adolescent in treatment. MDFT focuses on the individual, their immediate family, the interactions within the family unit, and the familial interactions with other organizations such as schools and churches (Sherman, 2010). This form of therapy addresses the importance of strong parenting and positive

peer influences as instrumental in the treatment of a drug using adolescent. MDFT counselors make it known to the client and the adult influences in the client's life, that they are there to help them find ways of communication that are positive and productive (Morral, & Stevens, 2003). As a result of the intensity of MDFT as an outpatient program, it has been shown to yield positive results when dealing with more severe cases of adolescent substance use (Henderson, Dakof, Greenbaum, & Liddle, 2010). While this is an effective treatment method, there are some flaws associated with it. One flaw is the need to get several family members in the office of the therapist at one time. There are often times when individuals want to help or be present but are unable to make it to appointments on multiple occasions and therefore are not as involved as they would like to be. This approach also lacks a way to hold individuals accountable as it is an outpatient treatment program. It also lacks the scholastic component that is vital to the overall success of the adolescents.

Community Involvement

One interventional approach that has been used to treat adolescent substance abuse is the Adolescent Community Reinforcement Approach (A-CRA). This approach is similar to that of MST, although it is less intensive and access to the therapist is not as available. A-CRA is an approach that focuses on the various aspects of the lives of adolescents, especially the family, to find ways to make appropriate behaviors more rewarding than inappropriate behaviors (Garner, Godley, Funk, Dennis, Smith, & Godley, 2009). Throughout treatment, the A-CRA approach teaches individuals how to handle certain situations they may encounter. This is done through role playing, with the

hope of developing the skills necessary to refrain from illegal activities when the temptation arises (Hunter, Godley, Hesson-McInnis, & Roozen, 2014). The focus of A-CRA is on the caretakers, school, peers, and others with an impact on the willingness of the adolescent to participate in maladaptive or harmful behaviors and habits.

A-CRA sessions include homework assignments at the end of the session and a review of that assignment at the beginning of the next session (Godley, Garner, Smith, Meyers, & Godley, 2011). Having this accountability and follow-up can help students who are struggling find the extra push that they need to help get and stay on track scholastically. This information can help lead investigations into what levels of prompting and guidance are beneficial to student engagement in school, and at what point the guidance begins to be perceived as more of a hindrance as opposed to a helpful support.

Multisystemic Therapy (MST) is a methodology that has been studied and implemented in various situations since its inception in the 1970's. MST is a family and home based treatment approach tailored to each individual and their family situation. One goal of MST is to change the behaviors of the addict. This is accomplished by changing the surroundings and daily routines of the individual. Because many substance users partake in a ritualistic manner (Rooney, 1999), changing the routines and rituals will help to deter the desire to complete the ritual and engage in harmful behavior (Velasquez, 2001). MST has been reported to help adolescents with their substance abuse issues and also helps them be successful in school. It has been reported to increase the cohesiveness of the family unit; an integral part of retaining what was achieved during the therapy

(MST Overview, 2014). Self-reports have indicated that following treatment at the four month, six month, and one year marks, individuals who participated in an MST program have reported decreased drug use, decreased recidivism rates, and increased academic successes (MST Overview, www.mstservices.com, 2014). As of December 31, 2012, of the 12,195 closed cases of MST 89% of treated individuals remain in the home as opposed to inpatient treatment programs, 85% of individuals are either in school or holding down a full time job, and 85% have had no arrests (MST 2013 Data Overview Report). In a 14-year follow-up of treatment Schaeffer & Borduin (2005) found individuals who were involved in MST showed greater reductions in arrests and placement in in-patient treatment programs (see Figure 2).

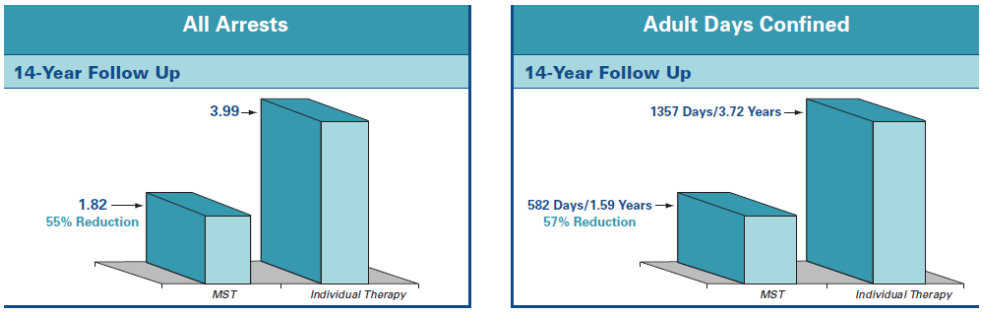

Figure 2. Visual representation of follow-up data. From "MST: An Overview," page 4. Retrieved November 15th, 2014 from www.mstservices.com.

One of the most extensive studies of the efficacy of MST was a three year project implemented in the Union Heights Community of North Charleston, South Carolina (Swenson, Henggeler, Taylor, & Addison, 2009). In this study, the researchers, Swenson, Henggeler, Taylor, & Addison, selected a community that was plagued with violence, substance use/abuse, broken families, and low academic achievement. The researchers went into the neighborhood and instituted an MST program over a period of three years.

They acquired support from neighborhood leaders and were able to reach several adolescents in the community referred to the program through various means. The researchers were able to work with the individuals for an intensive, extensive period and the results were mostly positive. Almost all of those involved in the program completed the therapy and reported increased family cohesion; increased interest, success, and attendance in school; and a decrease in criminal/at-risk behaviors (Swenson, Henggeler, Taylor, & Addison, 2009). Families who participated in the therapy also reported decreased criminal activity among the adults in the family and increased school-family relationships.

MST has been used globally as a method of treatment. In a study entitled the Systemic Therapy for At Risk Teens (START) program, conducted in the United Kingdom, researchers discovered that MST was effective in treating the majority of the cases investigated (Fonagy, et al., 2013). This research was shown to be reliable and replicable when applied with fidelity in other countries. Organizations that endorse the effectiveness of MST include but are not limited to: the United Nations Office on Drugs and Crime, the Australian government, the United Kingdom Early Intervention Foundation, The UK National Academy for Parenting Research (NAPR), the Center for substance Abuse Prevention, The Center for Substance Abuse Treatment, the Coalition for Evidence-Based Policy, the Institute of Medicine of the National Academies, Mental Health America, National Alliance for the Mentally Ill, National Institute on Drug Abuse, National Institutes of Health, Office of Juvenile Justice and Delinquency Prevention, Substance Abuse and Mental Health Services Administration, and the united States

Surgeon General (MST Worldwide Recognition, http://mstservices.com/proven-results/worldwide-recognition, 2014).

Based on the endorsements and evidence-based reports of the effectiveness of MST, this theory falls in line with the current study as it addresses not only the issue of adolescent substance abuse but also the issues of scholastic achievement. Since the current research investigates not only the views of currently offered treatment but also the impact that those treatments have on scholastic achievement, MST provides positive results for the treatment of both risk factors of adolescents involved in treatment and is an appropriate framework to use to base the results of the study.

Researchers have been investigating adolescent substance abuse and treatment approaches since the early 1900's, however, until the 1980's, there had been very few research applications published regarding the topic (Morral, & Stevens, 2003). Since the 1980's investigation into adolescent substance abuse has increased as a result of psychologists recognizing the methods that are effective on adults are not always as effective on adolescents and need to be tailored to meet the specific needs of non-adults. One possible way to begin this type of dialogue is by using motivational interviewing as a way to begin discussing the need for change and how to go about obtaining that change. Motivational interviewing focuses on positive "change-talk" with the client and helps lead them to self-discovery as a way to help them make the necessary changes (Miller, & Rollnick, 2013). According to Miller and Rollnick (2013), motivational interviewing can be used while dealing with an entire family unit as well, making it a valuable tool for many types of individual, family, or community based treatment approaches. It has been

shown to be one effective strategy to reaching adolescents in need of treatment (Miller, & Rollnick, 2013).

In 1997 Maricopa County opened a program called the Teen Substance Abuse Treatment Program (TSAT). This program offered treatment to individuals aged 12-17 years who had been experiencing substance abuse issues. This was one of the first programs to offer a multidimensional treatment program involving the families of those adolescents in the program. The TSAT program focused on cognitive-behavioral therapy for the teens in the program and offered counseling for family members of those individuals (Morral, & Stevens, 2003). This program has several components and focuses on more than simply the patient. The program extends to the family of the patient, however, it does not focus on other aspects of the environment of the adolescent patient leaving the patient without the tools to successfully adapt too many of the situations encountered on a daily basis.

Another program that has been researched is Chestnut's Bloomington Outpatient program. This program began in 1975 and is part of a non-profit organization committed to intensively treating those with substance abuse issues. The program added treatment of adolescents with substance abuse issues in 1985 and is one of the largest in the Illinois area. The program offers various programs at various times, with different focuses to address the needs of the participants (Godley, Garner, Passetti, Funk, Dennis, & Godley, 2010). It is offered over a 12-14 week period (Godley, et al., 2010). Many therapy sessions are available in the evenings and on weekends to accommodate those who are in school and their working parents. The program focuses on treatment, life skills, self-

esteem, drug education, relapse prevention, and communication skills (Morral, & Stevens, 2003). While this program offers a variety of options for those referred, the program does not work intensively with the families or the immediate community members involved in the lives of the enrolled adolescents. They are not involved in the schools and do not provide supports for the individuals in their care. Another fault of this program is that the individuals enrolled are required to travel to the center for treatment; an option that is not always available to families in certain situations. Success rates are not measured longitudinally, and success is considered as completion the course of treatment. There are no other measures of longitudinal success for the individuals that were treated to track their continuing progress.

Family Components

Research supports the idea that parental influence is one major component of adolescent substance abuse (Bahr, Hoffman, & Yang, 2005; Bertrand, Richer, Brunelle, Beaudon, Lemieux, & Menard, 2013; Fosco, Stormshak, Dishion, & Winter, 2012). When dealing with adolescent substance abuse, the family plays an important role in the development of substance abuse issues or the development of a desire to abstain from substance issues. It is also important to note that the influence of siblings has an impact on whether or not substances begin being used (Bahr, Hoffman, & Yang, 2005). In their research Jiminez-Iglesias, Moreno, Rivera, & Garcia-Moya (2013) were able to determine that parental knowledge, the presence of family activities, parental use of mood-altering substances, and adolescent disclosure were among the most important factors in determining whether or not an adolescent will be likely to engage in the use of

substances. Parental use of illicit substances is linked to increased potential for the use of illegal substances among adolescents (Flaherty, Sutphen, & Ely, 2012). Familial stability has also been shown to impact the likelihood that an adolescent will or will not use illicit substances (Ferguson, & Xie, 2012). Family stability has been shown to result in parents who are more involved in the lives of their children, are more likely to notice at-risk behaviors and, perform interventional actions before the behavior rages out of control. Stable family structure has also been shown to be a key element in the ability to contend with issues shown to be associated with increased risk of substance use, such as truancy (Flaherty, et al., 2012). One common factor regarding the potential use of illicit substances among adolescents is the risk associated with the adolescent's exposure to abuse as a child (Nomura, Hurd, & Pilowsky, 2012). This research is corroborated by a study conducted by Singh, Thornton, & Tonmyr (2011) where they were able to make a positive association between an adolescent involved in the child welfare system and developing a substance abuse issue. This information corroborates the idea that a strong familial connection and structure is needed to help prevent the development of a substance abuse issue among youths; especially those involved in the child welfare system. Research has been able to provide a link between adolescent substance abuse and parental/familial factors, yet there is little to no research investigating whether or not adolescents suffering from substance abuse issues are aware of this link and their feelings towards it (Bertrand et al., 2013; Ferguson & Xie, 2012; Fosco, Stormshak, Dishion, & Winter, 2012).

Family views of the participants will be an important part of determining the influence of the different treatment methods. Family members can help to provide information that would not necessarily be noted by the adolescent undergoing treatment. They would also be able to provide more sophisticated information regarding the processes being used in the school system. This information can provide valuable clues as to what seems to work, and what does not work as well in helping students improve their academic standing.

Peer Components

Research has been able to identify that peer influence increases while parental influence decreases as the adolescent ages (Bahr, Hoffman, & Yang, 2005). Kishore & Gopiram (2014) conducted research using a questionnaire to determine the reasons why individuals chose to or chose not to begin using illicit substances. They discovered the majority of those who began using substances did so as a result of peer or social influences. Researchers have also investigated the link between physical activity (sports) and use of substances. Dunn (2014) was able to show through his investigation that adolescents involved in sports are more likely to drink alcohol while with their teammates and peers (Dunn, 2014). Within the same research, it was also shown that adolescents involved in sports are less likely to be cigarette smokers, yet males involved long term in sports are more likely to smoke marijuana (Dunn, 2014). Keys, et. al. (2014), recommend making sure to take into account factors such as family, peers, and availability of activities within the community that reduce boredom (Wegner, Flisher, Muller, & Lombard, 2006) when determining the likelihood of an adolescent or group of

adolescents deciding to engage in recreation drug use (Keys, et. al., 2014). The environmental factors, including peer pressure and peer standing, can have a massive impact on the decision to begin using socially accepted and peer encouraged drugs (Strickland, & Smith, 2014). McLeod & Uemura (2012) were able to use their research to indicate that substance use was related to other less favorable characteristics, including increased average distress scores, lower average GPAs, and decreased participation in various clubs. Since peer influence is such an important aspect of the decision to engage in substance use, and it is linked to educational success, it is important to get the opinions of adolescents regarding the influence that their peers have over their decision to use illicit substances.

Student Factors

Individuals have multiple reasons for deciding to start or continue, using drugs (Dow, & Kelly, 2013) and for how they decide to use those different substances (Keyes, Cerda, Brady, Havens, & Galea, 2014). The attitudes of the individuals during and after treatment are a pivotal part of their successfully remaining drug free after the treatment program (Gangi, & Darling, 2012). Since no two people are the same, it is important to tailor treatment programs to each individual. Building around one's strengths and successes (Harris, Brazeau, Clarkson, Brownlee, & Rawana, 2012), responsiveness to rewards or punishments (Genovese, & Wallace, 2007), and their participation in group therapy with the development of a mentor (Kelly, Myers, & Rodolico, 2008) will potentially produce the most long lasting and beneficial results for the involved individual and their family. It is also important to make sure those who are involved in

the treatment and care of the adolescents in question have an upbeat and positive outlook at all times (Gogel, Cavaleri, Gardin, & Wisdon, 2011). Adolescents are perceptive, and establishing a positive relationship with those in treatment will help to bolster confidence and willingness to participate in making the most out of their treatment experience. These attitudes are not only limited to care givers but also family members and peers that influence the patient. Gathering more information on the feelings that adolescents have regarding the treatment options, and individuals providing the treatment they are offered, will help predict the likelihood of a positive outcome. The information gathered can be used to improve the existing programs based on the feedback received, and this may result in lower recidivism rates longitudinally.

Identification of individuals who need to be enrolled in substance abuse programs is a step in the right direction towards their recovery (Burrow-Sanchez, & Lopez, 2009). As most teenagers are in school, students are most often referred to drug abuse programs associated with the schools they attend (Johnson, et al., 1990). As times are changing, so are the attitudes towards drug use among individuals. This leads to the need for innovative new programs that can retain adolescents through completion. More recently it has been shown that educational programs are more effective in limiting adolescent substance abuse than are preventive programs that teach abstinence (Tze, Li, & Pei, 2012). These programs are beginning to evolve into innovative, interactive programs that are more likely to hold the attention of those who are referred to the programs and those who are involved in the programs, before the development of at-risk behaviors. Research has shown that focusing on the strengths of the individuals in treatment (Harris, Brazeau,

Clarkson, Brownlee, & Rawana, 2012), involving the family in the treatment process (Bertrand, Richer, Brunelle, Lemieux, & Menard, 2013; Ferguson, & Xie, 2012; Jimenez-Iglesias, Moreno, Rivera, & Garcia- Moya, 2013; Ozechowski, & Liddle, 2000; Stevens, & Morral, 2003; Swenson, 2009), and involving the community in the treatment process (Hunter, Godley, Hesson-McInnis, & Roozen, 2014; Godley, et. al., 2011; Garner, et. al., 2009), and length of treatment (Riley, Srikanth, Choi, & McCarty, 2012) all have a positive impact on the treatment and recovery of the adolescent in need of help. The proper amount of community, familial, and scholastic involvement is something that is still under investigation, and it is a variable that is hard to control as a result of different ethnic and societal factors. Investigating the viewpoint of the adolescents in the community can help give information regarding the role of family, school, peers, and other community factors. This information can be used to tailor programs to what will best suit each demographic. The best way to gather this information is straight from the source; the adolescents impacted by their use of illicit substances and the treatment programs where they are involved.

Many studies have shown how family situations, peer influence, and scholastic achievement all impact treatment program completion as well as academic achievement (Bahr, Hoffman, & Yang, 2005; Cassel, 2003).The selected approach for investigating this phenomenon is meaningful because it is vitally important to investigate the aspects that work with or against various demographics and their recovery. The most effective way to gather this information is to go straight to the source and discover their opinions

on the matter. They are the ones most impacted by their situation and treatment options. This makes them the most qualified to tell what is helpful to them and what is not.

The major themes in the literature indicate that adolescent substance abuse is a growing problem around the world (Becker, 2013). It is important that programs begin addressing the growing needs of those involved in this upward trend. Gogel, et al. (2011) have indicated that there are factors perceived by adolescents as important to their recovery that are not addressed in most common treatment programs being offered.

Research has shown that a family based, all-inclusive approach is the most effective method of treating adolescent substance abuse (Ozechowski, & Liddle, 2000). Much of the current literature indicates that it is necessary to gather more information regarding treatment strategies for adolescent substance users since a majority of the current treatment programs have been shown to be effective on adults, but have yet to be shown effective on adolescents (Morral, & Stevens, 2007). There is support for the need of more in depth studies of the efficacy of current treatment programs on adolescents, although it is agreed upon by many experts in the treatment of adolescent substance abuse that family centered therapy seems to be one of the most effective methods of treatment (Henggeler, 2005).

Many researchers agree on multiple aspects of treatment for those with substance abuse issues. Treating the person and family is important as is establishing a trusting relationship with the participants (Miller, & Rollnick, 2013). Harris, Brazeau, Clarkson, Brownlee, & Rawana (2012) indicate that a strengths based approach for treatment is effective in building the self-confidence of the individual that helps strengthen their

ability to prevent relapse. It is also imperative to include supervision and structure as part of a successful treatment plan. According to Henngeler (2009), there are 13 principles of treatment that have been shown to be effective, and these points successfully sum up the opinions of many other experts in the field. Those concepts are as follows:

1. There is no miracle cure that works for everyone.
2. Treatment needs to be accessible to those who need it.
3. Effective treatment focuses on multiple aspects of a person's life; not simply their need for substance use treatment.
4. Treatment plans must be fluid and continually changing to meet the needs of the individual and their family.
5. The length of treatment is important.
6. Therapy needs to focus on more than just substance use to be effective.
7. Sometimes medications are necessary.
8. Co-morbid mental diseases need to be addressed during therapy as well.
9. Medical detoxification is the first step to success, but is often the hardest and does not mean treatment has been successful.
10. Treatment does not need to be voluntary.
11. Constant monitoring for drug use is necessary.
12. Treatment programs should assess the risk for other unhealthy behaviors as well.
13. Recovery is a life-long process.

There are also many things that have been discussed by top researchers in the field of adolescent substance abuse that do not work to treat substance abuse successfully. Miller & Rollnick (2013) have indicated that an "information in-answer out" method of therapy is unsuccessful (Miller, & Rollnick, 2013). They argue that this does not establish an open and comfortable dialog between therapist and patient that results into less information being exchanged and thus less information is given to help treat a situation. Henngeler (2009) suggests that zero tolerance policies, incarceration, residential and hospitalization programs, as well as group treatment programs, are often ineffective in helping adolescents recover from a substance use problem.

Current literature does not have an in-depth investigation regarding the perceptions of adolescents towards the programs that are there to help them. Since adolescent substance abuse is something that has only come into the main stream in the fairly recent years (Morral, & Stevens, 2007), there is not an abundance of literature on the treatments, let alone an investigation of how adolescents feel about those treatments. This research will investigate the perceptions of adolescents in treatment programs, analyze how they feel about the treatment programs, what aspects of their lives they feel are most influential to their substance use, and how they feel treatment programs can be more geared towards them and the successful completion of their education. This knowledge can be used to reform or highlight components of already existing treatment programs to increase their efficacy and reduce the rates of recidivism and high school incompletion that we are currently experiencing at an exponentially growing rate.

Chapter 3: Research Method

The aim of this study was to gather information from adolescents who are involved in community-based substance abuse treatment programs to explore their perceptions of the influences of family members, peers, and the scholastic institution and how these influences impact the recovery and scholastic achievement. To explore these perceptions, I investigated the relationships between community-based programs and the schools, what adolescents feel is lacking from the treatment programs they have experienced through their schools, what they feel is working from these programs, how they view the influence of family, and how they view the influence of peers on their recovery. Findings may be used to tailor recovery programs specific to the needs of those in the community.

This chapter included items related to the methodology of the study. I describe the research design, role of the researcher, and ethical procedures used to safeguard participants. I also discuss the sampling strategy, instrumentation, data collection and analysis plans, and issues of trustworthiness. I conclude with a summary and a brief introduction to Chapter 4.

Research Questions

The research questions about the influence of community factors on treatment and recovery of adolescent substance abuse were as follows:

RQ1: How do adolescents perceive the influence of family on their academic achievement and substance use/recovery?

RQ2: How do adolescents perceive the influence of peers on their academic achievement and substance use/recovery?

RQ3: How do adolescents perceive the influence of the supports provided in their school on their academic achievement and substance use/recovery?

RQ4: How do adolescents perceive the influence of the attitudes, values, and norms of the community on their academic achievement and substance use/recovery?

RQ5: How do adolescents perceive their academic standing to be changing as a result of their involvement in a treatment program?

Methods

Research Design

A grounded theory approach was chosen to explore how peers influence substance use and scholastic achievement, how familial factors influence substance use and academic achievement, and which types of treatment approaches seem to have the most impact on an adolescent's ability to recover. Substance abuse is a complex phenomenon, and an in-depth exploration of this phenomenon cannot be conducted using a quantitative method. Qualitative research is the preferred method of data collection when analyzing phenomena in-depth (Creswell, 2014).

The central phenomenon of this study was adolescents' perceptions of outside influences on the treatment of substance abuse and adolescents' ability to attain academic goals. External factors may influence the willingness and ability of adolescents to make progress in their treatment programs and succeed academically. Investigation of the influence of these factors may aid in the development of community and local programs

that work with the schools to improve academic achievement measured by increased attendance, reduction in discipline problems, increased understanding of materials presented, increased completion of assignments, and increased involvement with peers and school-sponsored activities.

Role of the Researcher

In this study, my role as the researcher was to be an investigator. I interacted with participants to gather the necessary data for analysis. To make the participants feel more comfortable and to develop a rapport with them, I established an ongoing presence during the program meeting times. This helped the participants see me as someone who had an interest in the phenomenon being studied, which was an important step to ease any misgivings and trust issues participants may have had (see Gold, 1958).

Because I was also employed in the school system where the participants were enrolled, it was possible that I may have known some of the individuals in the sampling population. Participants had no interaction with me within the school system. I was able to avoid potential conflicts by not recruiting from the program on days when the program was held at my place of employment.

Sampling Strategy

The population sample included adolescents in a school system in the Southeastern United States. Participants were chosen based on criteria such as their participation in a drug treatment and education program in the county school system, their progress in the program, their age, and their previous relationship with the researcher. The participants were selected using a critical case sampling method.

Approximately 15 participants were needed for this qualitative study. If saturation were reached before 15 participants, data collection would be stopped. Data saturation occurs when there is no new and relevant information presented, and there do not appear to be any gaps or unexplained data Creswell, 2014). Participants were selected based on their involvement in the school-referred program, which is an eight-week program. Only students who were in Week 2 or later were selected. The participants were known to meet the criteria because to be admitted to the program participants had to be caught possessing an illicit substance on school grounds. Other criteria were evaluated based on information provided by the participants (i.e., age, school attending, and progress in the program) and the knowledge of the researcher (i.e., previous relationships, gender). The race and gender of the students were noted but not used as inclusionary or exclusionary criteria for participation in the study because of the limited diversity of those involved in the program. All participants were selected from the same program, and their inclusion in the study consisted of their time in the program and age. Participants in the proper age range were included, and I tried to include equal numbers of male and female participants.

Participants were excluded from the study based on their previous relationship with me. If no relationship existed, they were eligible for selection if they met the other criteria. Participants outside of the 12-18 year age range were excluded from the study.

To find participants a letter detailing the purpose and procedure of the study was given to individuals in the program as they check in for the FATSEP class they were attending that day. The letter provided information regarding how to indicate willingness

and eligibility to participate in the study. Once this occurred, willing participants were notified, and a meeting with each participant and their guardians occurred on an individual basis. At those meetings, all aspects of the study were reviewed with potential participants and their parents. The confidentiality, scope, how the information was to be used, and payment for participation was discussed, and all were given the opportunity to ask any questions they had. At the end of the meeting, the releases were given out, reviewed, and filled out. Once this was established the survey was given to the participants. They had the option to fill out a hard copy version or to scan a QR code to bring them to the survey so they can complete it online anonymously at their leisure.

Instrumentation

The primary collection tool was an open-ended survey which followed specific protocols. Questions asked included demographic information, scholastic information, and reflection questions focusing on the perceptions of the participants of the study. Between analyzing the answers to the survey questions and reviewing any additional comments made, there was sufficient information recorded to answer the research questions.

The data collection took the form of an open-ended survey developed by the research methodologist and me. The purpose of the instrument was to gather information from participants regarding how they feel about different influences in their lives and how those feelings impact their treatment progress and academic standing. The open-ended survey took the standard format and approach. It contained the recommended structure common throughout qualitative research.

The content of the survey used was shown to be valid as all items will be pertinent to the topics of interest. The participants needed to have a working knowledge of the program that they were in and how they were referred to it. All other information asked of them is personal/demographic information or reflection on issues about academic and personal matters. The instrument included information that enabled me to gather rich data.

The data collection method was sufficient to collect the necessary data as a result of the open ended nature of the survey. The participants were able to provide as much, or as little, information as they are comfortable sharing. The data gathering tool used also ensured that the data being gathered was what was needed to sufficiently answer the research questions presented.

The main data collection tool was a researcher developed open ended survey. This survey began with an acknowledgement of the consent forms obtained and then contained information regarding the demographic data of each participant. Once this was completed, I developed questions to gather information regarding the perceptions of the participants on the impact of family, peers, and community factors on their recovery.

Procedures for Participation and Data Collection

The data for this study was gathered from the participants in a meeting room of the school where they attend the FATSEP program before the required classes, or in an online format they can access on their own time. This option was used to help ensure that they are willing and able to participate, as well as to make sure that they are in a place they feel comfortable during the survey. Data were collected from participants over a few

weeks' time. This time frame varied depending on the availability of each participant. The goal was to collect all necessary data in three months. This time frame was needed to cycle new potential participants into the participant pool. If too few participants were willing to participate during the first round of recruiting, then the process was put on hold until the treatment program began and there were new participants to recruit.

A debriefing occurred at the end of the survey. The debriefing was important as it ensures that there were no lingering questions on the part of the participant and also helped ensure that they left the study with a positive regard for the study, researcher, and purpose of the study (Bard Institutional Review Board, 2015). The debriefing procedure included asking the participants if they had any questions or concerns about the study or their participation in the study, if they felt as though any harm came to them from the study, if they had any suggestions for improvements to the process, and asking that they do not give information about the study to others so that there was reduced possibility of rehearsed answers. The participants were also given the opportunity to review the answers they gave in the study and to verify that their answers were thorough and conveyed the information the participants intended to share. This respondent validation process was a good way to wrap up the study and to also help establish the reliability of the information gathered in the study. Once all of this was in place my contact information was given to each participant so that they were able to contact me with any questions or concerns they had about their participation in the study.

Data Analysis Plan

As the data was gathered, it was done in a manner to examine each research question being investigated. The primary source of data collection was an open ended survey taken by individuals attending treatment through a community-based program they were referred to by their school. The data collected was qualitative and needed to be transcribed and then analyzed flexibly, using a pre-determined color coding system. The data was gathered using either a hard copy of the prepared survey or an online version of the same survey.

Atlas ti was the originally chosen program to use for data analysis. It was chosen for several reasons, the first being it is the most cost effective qualitative data analysis software to which I had access. After the data was collected, it became apparent that hand coding of the data would be more efficient for analysis and Atlas ti was not used. There are multiple ways to compile the data to present the research findings in the way that best suits the needs of the researcher (Friese, S., 2012).

After conferring with the methodologist overseeing the research, it was determined that coding and analyzing by hand would be more effective and efficient. Color coding was used to identify positive, negative, and neutral responses to the questions. The information was then compared and grouped for analysis and to see any patterns that may have been present. For all positive responses, answers were underlined in purple, for all middle ground responses, green was used to underline the information, and for all negative information, red was used to underline the response.

To analyze the data, the information gathered first needed to be transcribed and entered into a log containing the date, time, location of the collection, and the identification given to the research participant. The data was then summarized, coded, and analyzed inductively. An inductive analysis using pre-set open codes such as "positive," "negative," and "neutral" helped group the ideas and responses together to enable relationships and themes within the data observed to be identified. Once the data had been preliminarily grouped it was possible to examine the groupings to uncover subsets of data to analyze and code axially. These subsets emerged as the analysis was conducted and were examined, categorized, and coded as needed throughout the analysis.

Cases where the information could not be analyzed in the predetermined manner, were analyzed at the conclusion of the study. The information was analyzed to see if it fell into a sub category of the investigation. If the information was not applicable, the data was removed from the study and a note was made regarding this.

Once all the gathered data was transcribed and coded, the data were inductively analyzed using a grounded theory approach. This approach allowed me to view the information and to put it into similar "chunks" of data. The chunks of data were developed by clumping together responses with similar concepts. This data was then analyzed to develop recurring themes, and these themes were used to develop a theory regarding the phenomenon being evaluated; in this case the perceptions of the at-risk adolescents regarding the role of family, peers, and community factors on their achievement scholastically and within their treatment program. After this theory was developed, I compared the theory to the data gathered to make sure the information fits

the data collected. From there the information was compared with information gathered from the literature to validate the accuracy of the developed theory. These steps helped develop a theory regarding how at-risk adolescents perceive the impact on scholastic achievement and substance treatment the various factors in their lives have.

Ethical Procedures

In order to gain access to the participants in this study, a research and accountability form was filled out and submitted to the proper individuals for review and a letter of agreement was obtained. In addition to the community mandated forms necessary to conduct research, all Institutional Review Board (IRB) documentation was included as an appendix when proper authorization was granted. Since the participants in the study are minors, consent forms were signed by their guardians and they needed to provide written confirmation that they were willing to participate in the study. All participants and guardians were informed that their participation was voluntary and that they could withdraw at any point.

Walden University requires that any research being conducted is supervised by the Institutional Review Board (IRB). The IRB is responsible for ensuring that all data gathered is done so in an ethical manner which aligns with United States federal regulations. The IRB reviews all procedures involved in the research project and requires all consent, assent, and confidentiality paperwork is completed before approval is given to conduct research. The Walden IRB process requires detailed forms addressing participant selection, data gathering procedures, data analysis procedures, ethical considerations, and confidentiality processes to be submitted. To obtain IRB approval, it

is also required to take a course from the National Institute of Health and receive a certificate of completion regarding the processes involved in ethical research.

Upon completion of the IRB paperwork and approval, it was necessary to submit detailed forms to the community Research and Accountability department. Once IRB approval was given, and the proper paperwork was submitted to the community partner, a review of the proposed research took place and was approved. This ensured ethical and confidential considerations were approved, and the proper consent procedures took place for the safety of the participants and the fidelity of the research.

To help ensure confidentiality during any review of the data, all data gathered was confidential and no identifying information was gathered. Data were analyzed in a consistent and pre-determined manner as to preserve the integrity of the data. All data is stored in a manner which requires password access so only approved individuals can access and analyze the gathered data.

As an educator, there is an understanding of confidentiality between teachers and students. It is not permissible to speak of student information, and this is something that would carry over to being involved in any other situation where students are involved. The most efficient way to manage biases and power relationships in this instance is to not include these students and their families in the data collection process. Whether it is positive or negative, there is already a relationship developed in these situations, and it would be nearly impossible to eliminate biases in the situation. So while the interactions would continue to be professional, an educator does develop feelings towards those that they have worked closely with for an extended period of time. This can make the

interpretation of data skewed so it is best to avoid being in a situation where this may occur.

The participants in the study were considered part of a vulnerable population as they are minors under the age of 18. Several ethical considerations need to be addressed when conducting research involving juveniles. Since the participants are minors they are only able to give assent; written consent will need to be obtained from the parents or guardians. This means that the purpose of the study and the confidentiality involved needed to be explained to the parents or guardians as well.

Confidentiality is also an important consideration. The participants and their parents or guardians were informed how the information was to be kept confidential and for what the results were going to be used.

Another ethical consideration for the study was to be aware of possible dual roles. In collecting information was possible to interact with adolescents who were also current students. Although measures to avoid this were taken, it was possible that a participant was not a current student at the beginning of the process and then transferred schools to become a student presenting a conflict of interests. If this situation occurred, it was in the best interest of the study to exclude this adolescent from the study. Thankfully, this was not a situation that occurred. Another possible dual role was that I would be familiar with the adolescent and their family on a personal level. This could have added some unintended bias to the analysis of the results and could have potentially been an awkward situation for all involved parties due to the nature of the information collected.

To address these possible ethical considerations appropriate written parental consent addressing the why, who, where, when's of the data being collected needed to be obtained before determining who participated in the study. The steps taken to ensure that the data remains anonymous and confidential was also included in the consent process.

Issues of Trustworthiness

Credibility

In an attempt to ensure that the study is as credible as possible, there were multiple checks of validity along the way. During the survey questions were asked multiple times but phrased in different manners to ensure that the information being given is truthful, accurate, and consistent. Since the participants were able to write in their own words and read what they wrote, it can be assumed that the information is credible. The individual participants answered questions anonymously and had the opportunity to review their answers. This indicates that there was no misconception in the answers that they gave, and that the information being shared is truthful and credible. This procedure gave them an opportunity to correct any information that was written incorrectly, and to clarify any points they feel they have not made as clear as they wish.

Transferability

To establish transferability there needed to be a thorough description of the research methods, participant selection method, and data analysis methods including the coding and categorization of the data. The research context and the assumptions that are associated with the research needed to be thoroughly discussed, as well as the data

collection tools used. By providing all of the information possible, the study will be made as transferable as can be in the appropriately selected settings.

Dependability

Dependability is a vital part of conducting research. Any investigation into a phenomenon needs to be able to be replicated. This can be a difficult task at times since the environment is continually changing in a qualitative study (http://www.socialresearchmethods.net/kb/qualval.php). Several methods were employed to address the dependability, and thus replicability, of this study. The first method to determine dependability was to ensure that all parts of the study are described in detail so another researcher will be able to reenact the study (https://qualitativeinquirydailylife.wordpress.com/chapter-5/chapter-5-dependability/).

An additional strategy that was employed to help ensure dependability was to have others audit the study (Cohen & Crabtree, 2006). This provides an opportunity for someone other than me, someone who is more removed from the situation, to look at the methods, data, and data analysis and critique the study. This will help to ensure that there are no procedural gaps and limit the existence of my biases in the interpretation of the data. Once this occurred, it was time for me to look at the study and data gathered to analyze the work critically. This involved looking for phenomena that may need further investigation or that may have been done in a manner that could skew the study results (Shenton, 2004). The combination of these strategies should help to increase the dependability of the study and its results.

Confirmability

The confirmability of a study also relies on the ability of the study to be followed and traced from beginning to end. This requires that the study has a very detailed description of every aspect of the study to ensure that others can replicate it in the field. This is often referred to as an audit trail and can be described in either a data driven or theoretically driven manner (Shenton, 2004). This audit trail can be used to have another individual take the role of "devil's advocate" and question every aspect of the study. This can help reveal holes and biases that may be inadvertently present in the study. To establish confirmability this study provides a detailed description of the procedures used, data collected, and analyzed. I also had another individual examine the study process and results to help identify anything which may skew the results of the study. Throughout the study, there was also a significant amount of reflection on the process and data being gathered as well as on the potential for bias on the part of myself. Upon reflection, necessary changes were made to keep the study as reliable, valid, and accurate as possible.

Intra- and Intercoder Reliability

Intra-coder reliability refers to the extent to which the data is gathered, rated, and analyzed in the same manner for each participant by the same observer. To establish intra-rater reliability, it will be necessary to have a rating schema developed before the evaluation of the participants. In this instance, the coding has been determined to be a color coding schema based on similar answers that are viewed as similar.

In a study, it is vital that validity and reliability are present. To achieve this in a qualitative study, it needs to be generalizable, duplicable, and accurate. In order to keep with these standards, the current study employed several methods of ensuring that these criteria were met. The study has documentation during all phases which makes it transparent and replicable. The information gathered was documented in many ways and reviewed by those involved in the research, as well as outside sources to be sure that the study is consistent and the data is valid and accurate.

Summary

Chapter 3 consisted of information regarding the research design and rationale of the study, my role within the study, and the detailed methodology that was used in the study. An in depth analysis of the participant selection process and data analysis were also explained. The processes that were put in place to ensure the credibility and integrity of the study have been included, as have the safeguards to ensure the safety of the participants and the consent provided by their guardians prior to participation in the study. The IRB and local protocols that allow access to the participants and safeguard their confidentiality have been discussed as well. The following chapter, Chapter 4, will provide the data analysis of the surveys, obtained documents, and any other pertinent information that has been collected and analyzed.

Chapter 4: Results

The purpose of this study was to examine adolescent perceptions of the influence of family, peers, and schools on their academic success and recovery in community-based substance treatment programs. The findings may be used to develop programs based on the perceived needs and effective methods of treatment. These programs may be designed so students can reach the highest levels of recovery and scholastic achievement by integrating key influences in their lives. The study focused on the following research questions:

RQ1: How do adolescents perceive the influence of family on their academic achievement and substance use/recovery?

RQ2: How do adolescents perceive the influence of peers on their academic achievement and substance use/recovery?

RQ3: How do adolescents perceive the influence of the supports provided in their school on their academic achievement and substance use/recovery?

RQ4: How do adolescents perceive the influence of the attitudes, values, and norms of the community on their academic achievement and substance use/recovery?

RQ5: How do adolescents perceive their academic standing to be changing as a result of their involvement in a treatment program?

This chapter includes the analysis of the data that were collected. The demographic data are provided first, and then I discuss the specifics of the data collected. This includes information on the data collection method and data analysis procedures. Next, I discuss evidence of trustworthiness, including credibility, transferability,

dependability, and confirmability. I also present the results of the data analysis with supporting evidence for the research questions and describe any discrepant data.

Setting

Participants selected for the survey reside in the Southeastern United States and attend a public school. Participants were chosen as a result of their age and their participation in the Families Acting Collaboratively to Educate and Involve Teens (FATSEP) program. This program is designed to educate adolescents and their families when adolescents have been caught either, in possession of, or under the influence of a substance; the program is used as an alternative to being reassigned to a disciplinary school. The FATSEP program was developed and is implemented under a grant provided by the United States Department of Education to reduce alcohol abuse in adolescents (FATSEP Information Brochure). FATSEP is a free program offered to students in the local public school system.

Demographics

The demographic data indicated that 20 individuals began the survey. Only 14 individuals made it past the demographic information page. The demographic information indicated that an equal number of male and female adolescents participated. The ages ranged from 16 to 19 years with the average being 17.1. Data indicated that of those who chose to answer, 73.6% of participants identified as Caucasian, 10.5% identified as African American, and15.7% identified as Hispanic. All individuals reside in the Southeastern United States and attend a public school.

Data Collection

The data were collected from participants who volunteered to answer questions through an online survey or via a hard copy of the survey. No participants opted for the hard copy version, and all data were collected through Stellar Survey, an online data collection survey tool. I used this software frequently to collect data for analysis of various projects conducted in my workplace. Stellar Survey has proven to be reliable and user friendly and was an appropriate choice for data collection in the current study. The data were downloaded to my password-protected computer.

A recorded list of IP addresses indicated that data were collected from separate locations/computers/smartphones. Most respondents completed the survey in 7 to 15 minutes, and one participant took 20 minutes. The first response was completed on May 17, 2017, and the last response was posted on October 5, 2017. During the initial months, there were very few respondents because of lack of access to the FATSEP program during the summer months. When the program was back in swing in October, recruitment was smoother, and most respondents were from that period.

The data were recorded exactly as the respondent typed them; misspellings, lack of punctuation, inappropriate grammar, and text message shorthand were left intact to preserve the integrity of the data. The participants logged in to the survey after completing the consent forms and typed in their answers to the open-ended questions. The data were then exported to an Excel spreadsheet and transferred to a Word document for analysis. All data were password protected in all stages of the process, and there were no identifying indicators associated with responses provided.

There were several variations from the data collection plan presented in Chapter 3. Originally the study was intended to include open-ended interviews giving me time to develop a relationship with the participants and probe their answers if necessary. After one year of attempting to coordinate this, I was not able to collect data. As a result, I decided it would be prudent to collect data using a survey. In the beginning, the survey was offered only in hard copy form, but after several failed attempts using this method the FATSEP program administrator suggested an online survey that was smartphone compatible. After discussing this with my committee, I decided that this would be a more effective way to obtain data. This led to the development of a new data collection tool and the dissolution of the behavioral observation tool. Upon development of the survey, the changes were presented to the IRB and the community partner. The change in procedure was approved by both review boards. It was easier to gain consent, assent, and participation as all forms were presented to volunteers online. This approach yielded more responses in a timelier manner but limited my ability to ask follow-up questions or clarify statements. The participants were able to check their answers and make sure they said what they wanted to say with no chance of misinterpretation from a transcriptionist or intermediary writing their answers.

After the original plan was amended and the data collection method was revised, there were no unusual circumstances. A respondent sometimes skipped a question or did not finish the survey, but most participants gave appropriate, concise, clear, and complete responses to the survey questions. After 14 complete sets of data were gathered, I noticed that there were clear patterns emerging and answers from respondents were beginning to

be repetitive. This indicated that I had reached a level of data saturation for my sample, and after confirming this with my committee, I determined that there were enough data to discontinue the data collection.

Data Analysis

Initially, Atlas Ti was chosen to help decode the data. After the data was gathered, it was determined that this original process was going to be more of a hindrance than a help when decoding and analyzing the data. Based on this information, and conferring with the methodologist overseeing the research, it was determined that that coding and analyzing by hand would be more effective and efficient. Many of the questions could be broken down into polar data; i.e., yes/no, positive/negative, which became the information that was identified while analyzing the data. An example of such can be seen in question number one: “Tell me about your family’s involvement in your school and school activities.” The answers to this question can be categorized as very involved, somewhat involved, or not involved. From this, it is possible to determine toward which pole the data leaned. For all positive responses answers were underlined in purple, for all middle ground responses, green was used to underline the information, and for all negative information red was used to underline the response. Many of the responses had several parts, which made color coding the longer responses necessary. Using various colors of pen to underline similar elements made it easy to assess the commonalities within the answers that were given. Even with limited information, this coding scheme was able to take our predetermined conception of the connotation of colors and help

accentuate the various groupings within the responses. It quickly became clear what the majority of the respondents thought.

The main categories investigated in the study included the role of family, peers, and the community in the decision to partake in illicit substances. These categories were chosen as the main focus because they are some of the more critical, and immediately accessible for the purposes of this study, elements presented by Doctor Scott Henggeler in his research regarding Multi-Systemic Therapy. It is important to note that all data was from the point of view of the individual taking the survey and that it is possible their perceptions are not aligned with the perceptions of a removed party. This information was taken into account during the analysis of the data.

Evidence of Trustworthiness

Credibility

In lieu of the change in data collection method, implementation of credibility strategies needed to be adjusted. Since the data collection method was changed from an interview where I would have to transcribe the information and take notes, to a survey where the participants were able to write directly in their own words and read what they wrote, it can be assumed that the information is credible. The participants answered questions anonymously and had the opportunity to review their answers, indicating that there was no misconception in the answers that they gave and that the information being shared is truthful and credible.

Transferability

Since the information was gathered in a survey format, it is simple to transfer the study to other populations. The survey can be filled out either online or by using a hard copy. There is no interpretation of body language necessary, nor is there the need to develop a rapport with the volunteers to make them comfortable enough to answer honestly. The ability to help eliminate the personality factor in the situation aids in the transferability of the study as a whole.

Dependability

The strategies for dependability have not changed since previously discussed in Chapter 3. With the new data collection method, a new line of questioning was developed with the aid of the methodologist of this study. This helped to ensure the questions being asked were open ended, the survey was an appropriate length, and the survey would provide answers to the research questions.

Confirmability

To establish confirmability this study has a detailed description of the procedures used, data collected, data collection methods and changes, and a description of the analysis. Input from the committee members was gathered to examine the study process and results to help identify anything which may skew the results of the study. Throughout the study, reflection on the process, data collection, and potential bias were analyzed. Upon reflection, necessary changes were made to keep the study as reliable, valid, and accurate as possible.

Results

The data gathered helps answer the research questions presented in previous chapters. In the following section, an analysis of the answers given through data collection is discussed.

Research Question 1

How do adolescents perceive the influence of family on their academic achievement and substance use/recovery? The results regarding this research question were clear, straightforward, and in line with previous research. The students who have closer, more open families tend to be doing better in the recovery process. The respondents who indicated that they were more successful in the program answered with things such as the following:

- "We are involved and we have fun" (Respondent 5)
- "They are very involved in school and getting me on the right track. They are very supportive" (Respondent 9)
- "They want me to do good in life and good in school" (Respondent 18)

Conversely, respondents who have indicated that they are struggling with the recovery process had more negative things to say about their relationships with their families. "I don't talk to my family much. I don't show up to school much"-Respondent 1 and "My parents are not very involved in my school activities. As a result, my grades are very poor and I'm going to drop out."-Respondent 2, were very common themes among those with negative relationships and not very strong support systems at home to help with their recovery and education.

Many responses indicate that prior to attending FATSEP, the communication within the family was lacking and that there was frequent fighting within the household. There appears to be a mixed result regarding the relationships forged throughout the program. Respondent 2 said, “Prior to, we fought almost daily and I ran away from home. During the program the relationship was strained, but after the program my relationship with my mother improved. She is much more apt to listening to me and we rarely fight.”

Analysis of the data indicates that while relationships were still strained at times, there was more open communication and the participants found this beneficial to their recovery. Many respondents indicated that they had trouble talking to their family before and after they went through a treatment program, although many say that their families are more involved in their schooling and school activities. This is not unexpected information for anyone who has teenagers in their lives; relationships between adults and adolescents tend to be strained (Nicolson & Ayers, 2004; Pérez, Cumsille, & Martínez, 2016; Shah, Chauhan, Gupta, & Sen, 2016).

Respondent 7 states, “me and my family are close except my older brother which he doesn’t respect me or like me.” This is an interesting statement because according to Henggeler’s theory, healing requires commitment from all those who have are an integral part of the adolescent (MST Treatment Model, 2014). The FATSEP program requires a parent or guardian attend the program with the student, but there is nothing in it to help ease the sibling relationships and forge a bond that could also strengthen the recovery process. There were many instances of more open communication with family after being

shown how to effectively communicate. Some relationships stayed the same, while others seem to have improved as indicated by the responses from participants:

- “Yes, im around them more, they like to make sure I talk with them about everything no matter what or how im feeling. Im much more open with things now than before.” (Participant 13)
- “We eat together now and love being together.” (Participant 14)
- “It was hard to socialize with them, but then I said fuck it and started talking to them,” (Participant 18)

Research Question 2

How do adolescents perceive the influence of peers on their academic achievement and substance use/recovery? To successfully determine the perception of adolescents regarding their peers, it was important first to ask how they thought their family felt about those with whom they spend time. It seems to be a widely accepted ideology that adolescents who experiment with illicit substances are doing so with peers that would be considered “riff raff” in the eyes of society. This would include the parents of adolescents believing that their children are “hanging out with the wrong crowd.” There was only one respondent (Respondent 1) who said: “My family never likes my friends.” Most of the responses were a mixed bag of answers:

- “They like them. They don’t like when we get in trouble though.” (Respondent 9)
- “My family likes some of my friends not all.” (Respondent 15)

- “My family doesn’t know my friends to have a opinion on them.” (Respondent 3)

There were roughly equal parts mixed bag answers and positive answers, which was an interesting discovery, based on the biases society has engrained in us. Some of the more positive, yet unexpected, answers were:

- “My mother likes most of my friends. My siblings don’t really interact with them very much. There is a pretty large age difference.” (Respondent 2)
- “They are good people.” (Respondent 5)
- “They like them, they think they help me with school and staying on track.” (Respondent 13)
- “They love them.” (Respondent 17)

After addressing views of the family regarding the choice of friends of the participants, I began to gather information regarding the academic and extracurricular pursuits of the friends of the participants. This information was investigated not only as a way of determining the involvement of peers but also to give the participants a break from feeling like they were involved in an inquisition. It was used as tension relief, something for them to think about for a moment and regather their thoughts and ease any anxiety they may have been feeling. These answers were fairly evenly split among the possible themes of being very involved, simply existing (showing up and just getting through the day), and not being involved at all (not even to go to classes).

After this information was gathered, the research question was posed to the students. Herein lies the most shocking of the information gathered in my opinion.

Contrary to all research that states peer pressure is one of the largest factors in the decision of an adolescent to experiment with drugs, the results of this small sample show that the individuals surveyed do not perceive and identify peer pressure as a major reason for their substance use. 12 individuals answered this question, and only one of them said they ever felt pressured. The other 11 individuals stated that they do not ever feel pressured and that it is their decision whether to partake or not. Respondent 20 summed up this question with the statement "No. I use the substances not off peer pressure but because I enjoyed doing it and wanted to do it." It is necessary to be cautious when analyzing these responses. There may be peer pressure present by the nature of the community where the participants live, but the idea that they generally are not feeling pressured to experiment to fit in and be accepted speaks volumes about the changes in society.

Research Question 3

How do adolescents perceive the influence of the supports provided in their school on their academic achievement and substance use/recovery? This question took some creative wording to get answers from the participants. Several participants skipped this question and many of those that did not say they would change nothing about the FATSEP program. A few participants indicated that the programs and supports provided by the school would be more beneficial with peer counseling involved. Participant 2 states that "Peer to peer is much easier to relate to." In this same vein, participant 19 indicated that the program is very harsh and could be made to be a more relaxed environment so that it does not feel so much like a punishment. This respondent believes

that would help increase the effectiveness. It would seem that many of those who took the survey are unaware of any other programs, but they are feeling as though they are not supported or being listened to by those they are reaching out to for assistance:

- "More support." (Respondent 1)
- "Support me and be a little more nice." (Respondent 6)
- "Listen to me." (Respondent 9).

Research Question 4

How do adolescents perceive the influence of the attitudes, values, and norms of the community on their academic achievement and substance use/recovery? From the responses gathered it is apparent that there is an overwhelming amount of negativity that surrounds substance use. The participants feel as though there is little support for them in the community, and that there are few places they can turn where someone will listen to them. It was also interesting to read how many of the respondents found talking about their problems to be the least enjoyable part of the program-the implications of the attitude of society being very present in this answer. This suspicion was backed up by reading a response to the question "What other thoughts do you have about how [surroundings and people] can help you achieve your goals?" The reply given by Respondent 18 was "Do they honestly care? They already know that we will start doing drugs again." This viewpoint helps to solidify the idea that they feel alone and looked down upon by others in society.

Research Question 5

How do adolescents perceive their academic standing to be changing as a result of their involvement in a treatment program? As presented in Research Question 1, many of the participants have family members that are more involved in their lives. One hopes this is a result of the skills learned in the program and more open communication, as opposed to something that is being used as a disciplinary measure. Regardless, many of the participants indicated that they now go to school to get their work done and move on. The increase in attendance alone would imply that there is an improvement in academic standing.

Summary

Much of the information gleaned from this study was indicative of information that has been commonly accepted. It is well known that relationships with adolescents are tenuous at best and that they often feel alone and unsupported (Nicolson & Ayers, 2004; Pérez, Cumsille, & Martínez, 2016; Shah, Chauhan, Gupta, & Sen, 2016). In their eyes, for them to successfully recover, they need someone to listen and someone who understands. They also need to learn how to talk to the people in their lives without fear of repercussions when they are experiencing a setback. As expected, they seemed to be unaware of the supports that are available to them and are well versed in the prejudices that society has regarding adolescents and drug use. The most shocking finding was the apparent lack of perceived peer pressure upon their decision to partake in the use of a substance. It was fairly clear to see that there needs to be more education regarding the topic of drug use and support systems for the adolescents to feel they have somewhere to

turn when they need it and to be academically successful. The potential implications of this information will be discussed in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to examine adolescent perceptions of the influence of family, peers, and schools on their academic success and recovery in community-based substance treatment programs. I used a qualitative approach based in grounded theory to explore how peers influence substance use and scholastic achievement, how familial factors influence substance use and academic achievement, and which types of treatment approaches seem to have the most impact on an adolescent's ability to recover. Findings may be used to develop programs based on the perceived needs of adolescents and effective methods of treatment. These programs may be designed to integrate family, peer, and scholastic elements into a treatment program that can be implemented in high schools to help adolescents achieve the highest levels of recovery and scholastic achievement.

The most successful treatment programs embrace as many aspects of the life and community of the individual as possible (Hogue, Henderson, Ozechowski, & Robbins, 2014; Fonagy, 2013; Jensen, et al., 2011; McLeod, & Uemura, 2012). This is consistent with MST principles, including integration of cognitive, behavioral, and social influences from the community. MST is an intensive program that requires support from every influential element from the life of an individual. Many drug treatment programs have attempted to integrate as many factors as possible, especially programs that focus on adolescent treatment (Hogue, Henderson, Ozechowski, & Robbins, 2014; Fonagy, 2013; Jensen, et al., 2011; McLeod, & Uemura, 2012). This integration is often challenging to accomplish. There are many elements to people's lives, including who they are, how they

act, and what they feel their role is in their community. Integration is challenging for those involved in providing treatment as well as those receiving treatment, and integration is not the most cost-effective method of treatment. In a public school setting, funding plays a role in the development of programs. This can cause programs to be designed in a manner that involves as many aspects of MST as are practical.

Key Findings

There were several key findings from the study, many of which have been commonly accepted. It is well established that most relationships with adolescents are tenuous, and that they often feel alone and unsupported (Nicolson & Ayers, 2004; Pérez, Cumsille, & Martínez, 2016; Shah, Chauhan, Gupta, & Sen, 2016). Findings from the study are consistent with prior research indicating that adolescents seem to be unaware of the support available to them and are well versed in the prejudices that society has regarding adolescent drug use. The most surprising finding from this study was the apparent lack of perceived peer pressure on adolescents' to use illicit substances. Findings also indicated a need for more education regarding drug use and support systems for adolescents to feel they have somewhere to turn when they need it, and to be academically successful.

Most of the findings in this study confirmed results from previous studies. Many responses indicated that family communication was key to adolescents' recovery. Findings also indicated that having a safe learning environment with support helped to increase academic progress and decrease the likelihood that adolescents would use illicit substances. Also, findings indicated that a lack of awareness of community-based

programs to support recovery and academics. The only finding that did not conform to the traditionally accepted idea of what causes substance use among adolescents was little to no pressure from peers on whether to use an illicit substance.

The conceptual framework used in this study was Henngeler's multisystemic theory (MST). According to MST, recovery is a multifaceted endeavor that requires support from all elements of a person's life. Findings indicated that even though recovery is done to help individuals be successful, many elements of adolescents' lives need to come together to support them and enable their success. Findings indicated that those who began being more open with their parents and had improved communication skills were doing better academically and with regard to their recovery. Participants made several suggestions to include other family members in the recovery process and to extend the process into the community so that the adolescent has someone he or she feels safe talking to. The results supported MST in that recovery is multifaceted and different for everyone, so it is necessary to include and educate as many people and employ as many supports as possible to help battle substance abuse.

Limitations of the Study

The limitations encountered did not differ from the limitations presented in Chapter 1. The first limitation was that the sample represented only a specific area and not the general population. Another limitation was that the data gathering tools had not been tested and to determine their reliability and validity. The data gathering tool was developed for this study only. The next limitation was that there was no way to validate the data coming from the participants. Because of the data collection process, it is

possible that the participants gave less in-depth answers than they would have had interviews been used. Having participants write answers could have yielded data that were less candid than if they had participated in interviews. The data provided were voluntary and a form of self-assessment, which made the data harder to confirm; because of the voluntary nature of the study, I assumed that the data were accurate, valid, and reliable. A final limitation was that there were time constraints on the study. The individuals who participated were only going to be available during the treatment program, so all data needed to be gathered quickly. These limitations did not seem to interfere with the data collection.

Recommendations

Further research may include follow-up with participants after the program to see how they are doing academically and as far as recovery is concerned. Follow-up could also include seeing what community resources had been used, what questions participants may have, and how they are doing in the recovery process. A longitudinal study could reveal how participants' influences change as they progress through their lives. This could provide valuable information to improve drug treatment programs further to meet the needs of adolescents.

It would be interesting to expand the research to include surveys taken by the family or friends of those in the program. It would be valuable to see how the guardians feel about the program, what they know of community programs, and how they feel peer influences impact those in their charge. Other family members could provide insight into whether or not there actually is peer pressure involved in using illicit substances.

Information regarding the community from the friends of those in the program would provide information regarding the changes instilled in the participants after completion of the program.

Implications

The information that was gathered in this study can be used to improve the processes within the FATSEP program. The curriculum and layout of the program can be changed to help address the deficits and opinions perceived by individuals who have been through the program. Many of the complaints about the program were that it was too long (two hours each session; eight sessions), that it was not engaging, and how it only included a guardian in the recovery process. The individuals left the program with little to no knowledge of the resources available to them within the school system and the county. The layout of the program can easily be reformulated to provide more engagement in the lessons (Marzano, 2007; Marzano, Pickering, & Pollock, 2001) so those attending are not bored. Using popular teaching and engagement strategies (Senn, Marzano, Moore, & Sell, 2015) would help the participants, parents and guardians, organize, process, and practice new skills that are learned (Senn, Marzano, Garst, & Moore, 2015; Sahadeo-Turner, Marzano, Bryant, & Harmon, 2015; Harmon & Marzano, 2015). It would also be beneficial to occasionally take an inventory of how each participant, adolescent, and guardian, are feeling about the curriculum presented. It is important that they feel they are being validated for them to be a willing participant and an engaged learner. Although it is more difficult to establish a relationship in a short period of time with facilitators who rotate through the groups, it is still a vital part of providing educational materials to an

individual and to help them be more compliant (Smith, Fisher, & Frey, 2015; Costello, Wachtel, & Wachtel, 2010; Costello, Wachtel, & Wachtel, 2009). If a few changes were made to this program and the individuals in it knew where to turn for support after they have attended all the required sessions, the implication is that there would be a decreased rate of recidivism and an increase in academic achievement.

The FATSEP program already requires that a parent or guardian is present at each session. To help this fall more into the category of MST it is possible to use one of the guest speaker lessons to have a family night where others can become involved and educated on how to aid in dealing with substance use of their family member. It would also be beneficial to use the evenings with guest speakers to have someone who is aware of the programs within the county come and speak. This would enable the speaker to give information to each participant and to make sure that they are made aware of resources and have an opportunity to ask questions and a person to contact in the future with questions if they feel they need further assistance. This would also provide some of the long term connections that are necessary for MST to be effective. It is imperative that there are follow up options for those who need or want them to continue on the road to recovery.

Conclusion

My drive for this study is a response to the desire to find a way to help those who may not know how to advocate for themselves. Society has a negative opinion of those who use various substances, but in our current time, our society is also afraid to address the elephant in the room. The fear of addressing a potential problem because of the fear

of repercussions can cause our naive youth to make uneducated decisions. Adolescents, who are very impressionable, confused, curious, and trying to find their place in society, are often inclined to make decisions without thinking of the consequences. In order to protect our youth, we need to educate them regarding the dangers of using illicit substances. If we do this, we can head off the problem while individuals are young and perhaps help educate them and change their lives before they are in a situation they are not equipped to handle. To make this work we need to realize that even though they are young their thoughts, perceptions, and ideas are valid and we need to truly hear what they say they need to combat the situations they are in. As indicated by the success of MST we need to work together, as a community that is on the same page, and do everything we can to protect and provide for those who need our expertise and help.

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FATSEP Appendix A: Data Collection Tool

Factors Related to Adolescent Drug Abuse Recovery: An Open Ended Survey

Thank you for participating in this 15 question survey. Please answer each question as completely as possible. Remember, you may skip any questions you are not comfortable with and you may stop taking the survey at any time. All answers will be kept confidential and your name will not appear anywhere on this survey form. If you prefer, please recall you may also complete the survey online as stated in your consent forms. Please let me know if you have any questions.
Thank you again, I am truly looking forward to your feedback!

Topic 1: The influence of family

- Tell me about your family's involvement in your school, school activities, and how this helps you meet your goals academically and recovery wise.

- How does your family feel about your friends?

- Describe your relationship with your family members prior to and during this treatment program. (I.e., do you feel more comfortable talking about things, do you spend more time together, are they more involved in your life, do they praise you more often, etc.)

Topic 2: The influence of peers

- Describe your friends and their involvement in school (I.e., are they good students, do they go to class regularly, are they in honors/AP classes, are they involved in sports or clubs, do they often get in trouble at school, etc.)

Do you feel pressured by your friends to use substances when you are with them? If so, what do you think would happen between you and your friends if you stopped using drugs and alcohol?

- Describe what your friends do to help you achieve your goals both academically and recovery wise.

Topic 3: The influence of supports provided in school

- What do you think the school could do to help you be more successful during and after this program?

Topic 4: The influence of the attitudes, values, and norms of the community

- What activities that are not school-sponsored are you involved in? Sports? Religious group? Music/Dance? Scouts, Campfires, etc.? 4-H or junior Achievement? Other clubs or group?

- How do you think that being involved in programs within your community would help your recovery and your progress in school?

- What would make you more interested to participate in a community based program to help you keep up the good work you have done so far?

Topic 5: How has academic standing changing as a result of involvement in a treatment program?

- Do you feel this program has had a positive impact on you academically? If so, describe how.

Topic 6: Program Feedback

- What would you change if you were in charge of the program?

- What other thoughts do you have about how your friends, family, schools, teachers, and others in your community can help you to achieve your goals?

- What were your most and least favorite parts of the program?

- Is there any other information that you would like to share about this program and the recovery process?