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Experiences and Perceptions of Staff Providing Substance Use Disorder Treatment for Adolescents

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Connie Jean Edwards-Rendleman

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2019

Abstract

Experiences and Perceptions of Staff Providing Substance Use Disorder Treatment for Adolescents Dissertation

by

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BS, Sullivan University, 2002

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Substance Use Disorder (SUD) is associated with high mortality rates and remains a public health concern in the United States. Although, numerous interventions are offered for adolescents struggling with substance misuse, minimal research is available on the effectiveness of treatments to reduce recidivism. Researching the most effective treatment offered to adolescents is crucial to treatment adherence and recovery. The purpose of this study is to determine the most effective SUD treatment for adolescent patients by exploring the perceptions and experiences of treatment therapists providing treatment. The trans-theoretical model was used with elements of the social cognitive theory as a guide to, adolescent placement in treatment programs and behavior changes. Twenty-three treatment therapists at Community Mental Health Centers from 23 counties in the State of Indiana were interviewed using the Colaizzi phenomenological methodological approach to obtain verification, validation, and validity for this study. Results suggested that assertive post-discharge plans after SUD treatment, motivational interviewing, cognitive-behavioral therapy, higher power faith for strength, and family involvement was evidence of effectiveness. Seven themes emerged from 225 significant statements. Among the dominant themes were understanding of SUD as a disease and the importance of family involvement in the treatment process. The study findings have the potential for positive social change to address the stigma of stereotyping of SUD through educational campaigns.

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Dedication

I dedicate this dissertation to the people in the world who still struggle or have struggled with substance use disorders. Bless the treatment providers committed to making a difference to improve quality of life. I pray that God delivers this vulnerable population from their addictions.

Acknowledgments

First, I thank God for getting me through this extensive journey. Thank you, God, for giving me your mind, to do your will. A special thanks to my dissertation committee: Dr. C.J. Schumaker Jr., Dr. Kimberly Dixon-Lawson, and Dr. Suzanne M. Richins, this study researcher could not have completed this arduous task without you. I acknowledge the 23 treatment therapists at each of the CMHC's throughout the state of Indiana for your participation in this study.

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Chapter 1: Introduction to the Study

Introduction

The prevalence of adolescent SUD continues to be a major public health concern in the United States (Schulte & Hser, 2014). Internationally, the growth of SUDs is expected to exceed all diseases by the year 2020 (Substance Abuse and Mental Health Services Administration (SAMHSA), 2018). Exploring the treatment options for substance addiction has become an important strategy for recognizing the most effective interventions and treatment programs (Schulte & Hser, 2014). In 2017, the National Institute on Drug Abuse (NIDA) conducted an update to the 2011 Monitoring The Future (MTF) survey on drug use and attitude trends about the prevalence of illicit drug use among individuals in grades 8th, 10th, and 12th, This study finds it disturbing, worrying and very concern to the government of the United States, and the state of Indiana in particular. Although, the NIDA survey results showed a decrease in illicit drugs and unfortunately, the problems with SUDs still exist among the Indiana adolescent population.

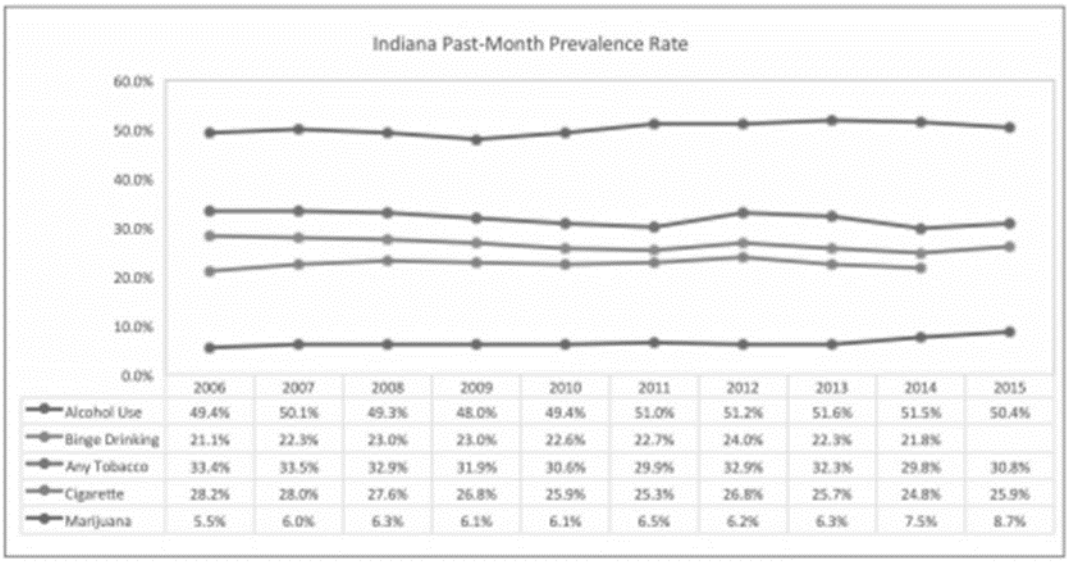
Nationally, over the past decade, there has been a decrease in the use of tobacco, alcohol, and cocaine, and an increase in the use of marijuana, heroin, and prescription pain relievers (Centers for Disease Control and Prevention [CDC], 2016). In 2015, 139 million individuals 12 and older drank alcohol, of which 67 million were binge drinkers, and 27 million used some form of illicit drugs (National Survey on Drug Use and Health [NSDUH] 2017). In the state of Indiana, substance use has emulated national trends, in addition to other public health challenges. According to CDC (2016) 1,245 fatal drug

overdoses and a 19.5 drug overdose mortality rate for every 100, 000 Indiana residents, ranking the state 17th in the nation. Another public health issue addressed is tobacco use with Indiana counties ranked high when compared to other states in the country. Curtin & Matthews (2016) also argue that 15% of the Hoosier women in Indiana continued to smoke during pregnancy. Prevalence rates assist in determining which type of interventions and treatments will be employed by treatment therapists at Indiana treatment facilities to the SUD patients. These influences result in an increase in spending for the healthcare of the community and psychological wellness of the SUD patients (Sussman, Skara, and Ames, 2008). The problem is that illicit drug use tends start during adolescence. This is a public health challenge that illicit drug use and other unhealthy social behaviors are connected to the rise in morbidity and mortality rates. Another significant reason for conducting this study was to explore treatments known to be appropriate for discontinuing substance use among adolescents. Environmental factors such as home, family, peers, and schools are considered risk factors for substance use in adolescence (NIDA, 2014). The researcher discussed possible environmental factors which contribute to substance abuse. Family members can increase the chances of children developing their own issues with substance use (NIDA, 2014). Children living in homes with parents and older adults using illicit drugs, alcohol, or both, are at a higher risk (NIDA, 2014). This is a crucial age in their lives because adolescents are curious and tend to experiment with alcohol and drugs (NIDA, 2014). Peers and school settings are also considered environmental factors known to influence substance use in adolescence (NIDA, 2014). Friends who are drug users tend to promote the use of drugs by exerting

peer pressure on non-drug users. This places children at risk of becoming addicted to substances, and in most cases, this may cause the individual to start experiencing academic problems as life can start becoming unmanageable (NIDA, 2014).

In 2014, Indiana had a total of 1,064 overdose deaths, which doubled the total confirmed deaths recorded in 2005 (Center for Health Policy, 2017). Drug poisoning is affecting the United States. During the period between 2009 and 2013, the CDC (2015) confirmed unintentional poisoning as the leading cause of injury deaths in the United States among adults and adolescents. Methamphetamine labs are also a problem in Indiana, especially for children living in homes with parents of drug use and sales (Center for Health Policy, 2017), therefore sending wrong messages to these adolescents . In 2013 and 2014, Indiana was one of the states identified by the CDC as having a substantial increase in the number of cases of drug overdose deaths (Rudd, R. A.,Aleshire, N., Zibbell, J., & Gladden, R. M., 2016). Therefore, to reduce the prevalence of drug use and abuse, it was essential to determine the most effective substance abuse treatment programs in the state of Indiana government and educational policies and media campaigns.

Figure 1 depicts the results of substance use in the Indiana population. This includes Indiana's prevalence rate of primary drug use. Key informant interviews were used to verify the data generating an understanding for the therapist that substance abuse problems exist.



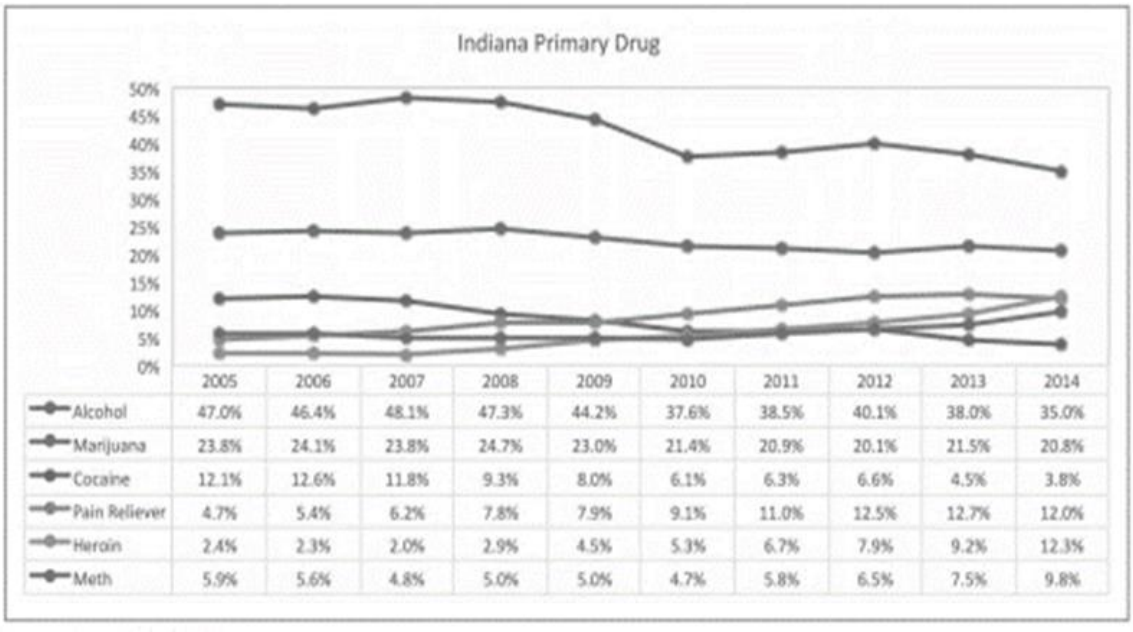
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alcohol Use	49.4%	50.1%	49.3%	48.0%	49.4%	51.0%	51.2%	51.6%	51.5%	50.4%
Binge Drinking	21.1%	22.3%	23.0%	23.0%	22.6%	22.7%	24.0%	22.3%	21.8%	
Any Tobacco	33.4%	33.5%	32.9%	31.9%	30.6%	29.9%	32.9%	32.3%	29.8%	30.8%
Cigarette	28.2%	28.0%	27.6%	26.8%	25.9%	25.3%	26.8%	25.7%	24.8%	25.9%
Marijuana	5.5%	6.0%	6.3%	6.1%	6.1%	6.5%	6.2%	6.3%	7.5%	8.7%

Figure 1. Percentage of Indiana residents ages 12 and older engaging in past month use of alcohol, tobacco, and marijuana (NSDUH, 2006-2015).
Note. Copied from "Substance Abuse Trends in Indiana: A 10-Year Perspective," by C. Balio & M. Greene, 2017. (https://scholarworks.iupui.edu/handle/1805/16578).

The researcher used the estimated prevalence rates for substance misuse based on the findings by the National Survey on Drug Use and Health (NSDUH). Treatment Episode Data Sets (TEDS) was also used to determine the number of admitted for SUDs in the state of Indiana. There is a state law that requires publicly-funded treatment facilities offering substance abuse treatment programs to report annual admissions to TEDS the national data system. Also, TEDS for substance abuse admissions were reported by each state-operated treatment facility during the period between 2006 and 2015 for Indiana residents ages 12 and older, who were included in the study. The use of alcohol, tobacco, and marijuana remained steady over the 10-year period. Of the total percentage for 2015, 50.4% drank alcohol with 20.8% engaging in binged drinking. 30.8% of this Indiana residents age 12 and over reported tobacco consumption, and

25.9% reported cigarette uses for 2014. Among illicit drugs with an increase in usage, marijuana is most commonly reported.

Figure 2 presents less common substances used by the general population in the state of Indiana. Percentages of treatment episodes of substance were reported by the TEDS. In most of these cases, adolescents did not realize the harmful risks associated with marijuana (SAMHSA, 2017). For the final year 2014, the state-level estimated data sets were provided by the NSDUH. Data collected by the state regarding the prevalence of cocaine and prescription pain relievers (opioid analgesic) use among Indiana residents for patients ages 12 and older were included in this study.



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Alcohol	47.0%	46.4%	48.1%	47.3%	44.2%	37.6%	38.5%	40.1%	38.0%	35.0%
Marijuana	23.8%	24.1%	23.8%	24.7%	23.0%	21.4%	20.9%	20.1%	21.5%	20.8%
Cocaine	12.1%	12.6%	11.8%	9.3%	8.0%	6.1%	6.3%	6.6%	4.5%	3.8%
Pain Reliever	4.7%	5.4%	6.2%	7.8%	7.9%	9.1%	11.0%	12.5%	12.7%	12.0%
Heroin	2.4%	2.3%	2.0%	2.9%	4.5%	5.3%	6.7%	7.9%	9.2%	12.3%
Meth	5.9%	5.6%	4.8%	5.0%	5.0%	4.7%	5.8%	6.5%	7.5%	9.8%

Figure 2. Indiana Percentage of Treatment Episodes by Primary Substance Reported at Admissions (TEDS, 2005-2014.
Note. Copied from "Substance Abuse Trends in Indiana: A 10-Year Perspective," by C. Balio, and M. Greene 2017 (https://scholarworks.iupui.edu/handle/1805/16578).

The results showed that prescription pain relievers were abused more than cocaine or heroin. The state of Indiana was reported as having similar rates to the rest of the United States (SAMHSA, 2017). System data collection uniqueness at the state level may create variations in the reporting of correct data into the TEDS (SAMHSA, 2017). Inconsistent reporting of addicts admitted for treatment and conflicts exist among therapists when identifying the most effective treatment programs.

Prevalence in SUDs exists and treatment outcomes vary. The review of literature and interviews of treatment therapists were used to inform this study about Indiana's adolescent SUDs. Treatment therapists were interviewed including organizational leaders, direct service staff, practitioners, and training and service administration personnel. Substance abuse interventions employed on social media platforms can possibly improve outcomes of adolescent substance abuse. There is a public health need for more research studies that focus on treatment efficacy for the adolescent population with SUDs. To address the gap on the study of SUDs treatment and interventions, additional qualitative studies are needed to explore the effectiveness of interventions for the SUD adolescent population, but also on therapist perceptions and beliefs of providing effective treatment to the adolescent SUD population (Das et al. (2016).

Background

Investigation of the interventions and treatment programs offered to adolescents with SUDs throughout the state of Indiana took place in the 23 counties CMHC's. There is a lack of understanding of treatment therapists about treatment for the adolescent population with SUDs who unfortunately may not receive the most effective treatment. It

is estimated that 10% of 1.5 million teenagers identified with SUDs and are not being treated (SAMHSA, 2013) There are many reasons for the sparse number of individuals receiving treatment for SUDs. Limited literature is available regarding whether treatment therapists possess a clear understanding of treating SUDs. SAMHSA (2013) have identified possible contributing factors to the treatment gaps found in the literature review. These include the lack of treatment programs available to adolescents, insufficient health insurance coverage, lack of motivation among youth and parents, and inconsistencies between treatment programs, government and educational polices and media campaigns (SAMHSA, 2013).

This study explored a gap in treatment information found in the literature by identifying relevant treatments and interventions for treating adolescents with SUDs. Substance abuse affects many in the adolescent population and researching the most effective treatments is important to decreasing drug use. Information retrieved from studies on treatment efficacy is used to determine the relevancy of programs to discontinue drug use. This study extends knowledge in the public health discipline and contributes toward reducing substance abuse and recidivism.

Problem Statement

SUDs are one of the most critical issues facing adolescents in the United States currently. This section will discuss the impact that substance misuse has on morbidity, mortality, and the funding required for treatment in the programs. According to the NIDA (2016), 27.0% of individuals aged 12 to 17 drank alcohol , and 23.0% of individuals have used illicit drugs. Treatment efficacy not only affects the abuser, but also has an impact

on the family of that particular individual and the economy as a whole (Lander, Howsare, and Byrne, 2013). The challenge of SUDs is not a new phenomenon, but what is new is the increasing number of adolescents entering treatment facilities who are expected to exceed those with other disabling physical diseases by 2020 (Center for Health Policy, 2016). Das et al. (2016) stated a need for additional research to determine if interventions that include parental involvement is the most effective treatment programs. However, the problem is that existing studies provide mixed results regarding outcomes of adolescent treatment programs. Some of the Indiana SUD treatment therapist has a lack of understanding regarding whether short-term interventions are more effective than long-term interventions when the settings, characteristics, and patients are taken into consideration. It is important to recognize which substance abuse interventions are beneficial to implement among adolescents to reduce the overdose rate and optimize treatment resources.

The NIDA (2012) addressed differences between long-term residential treatment, short-term residential treatment, outpatient treatment programs, individualized drug counseling, group counseling, and treating criminal justice-involved drug abusers in all age groups, ages ranging from 12 to 17. In the state of Indiana, treatment programs appear to be geared toward prevention to decrease substance abuse (Center for Health Policy, 2017). Periodic evaluations of substance misused activity are used to ensure policies are in keeping with NIDA's current trends. These evidence-based treatments include two approaches, pharmacotherapies using drugs and cognitive behavioral which is the structured psychological therapies, developed to address the impact of drug

addiction on the addict, families, and society (NIDA, 2012). Furthermore, Hoffman et al., (2012) argued that the importance of finding strategies to improve the outcome of programs, efforts should be aimed at the misuse of substance and prevention. Therefore, some of the primary causes that lead to addiction are not fully understood and addressed. Environmental factors such as home and family, peers, and school are considered risk factors that cause substance use in adolescence (NIDA, 2014).

Understanding these causes assist in finding solutions for substance abuse. Post-discharge programs after long-term inpatient stays have become an effective way to treat substance abuse (Duffy & Baldwin, 2013). However, more focus needs to be placed on treatment delivery concepts of care providers that will include training facilities leading to social change. The question now is, how treatment therapists will employ and practice care requiring medication may influence their perceptions about treating of SUDs. This study will address the gap literature consisting of a lack of knowledge and understanding regarding the treatment, effectiveness and experiences of treating SUDs among adolescent's population suffering from the abuse.

Purpose Statement

This purpose of this study was to identify the most SUD effective treatments as reported by treatment therapists. Information on reported treatment efficacies and experiences of treatment therapists who provide substance abuse treatment to adolescent SUD patients in the state of Indiana was explored. This study sought to understand treatment therapists' perspectives about drug misuse and the efficacy of treatment courses to employ at CMHC facilities. By completing interviews with treatment therapist, the

researcher gained knowledge about increased substance use, appropriate interventions available in Indiana, and an assessment of the most effective interventions on the SUD treatments. The phenomenological methodology approach assisted with answering the research questions developed for this study. These questions are listed in the following section.

Research Questions

The following research questions were developed to guide this qualitative research study:

RQ1: What meaning do treatment therapists providing treatment to individuals diagnosed with SUDs ascribe to the patients?

RQ2: What are treatment therapists' perceptions concerning treating SUDs effectively?

RQ3: How do treatment therapists for adolescents use their lived experiences about SUDs to develop courses of treatment for adolescent SUD patients?

Conceptual Framework

There are challenges associated with providing quality substance abuse treatment services to an adolescent with SUDs. Laudet, Stanick, and Sands (2009) stated the reasons given by the patients for discontinuing the programs when interviews were drug craving, negative emotions, personal contact, and activity. These factors cause problems for CMHC treatment facilities to meet acceptable retention rates, which is needed to identify the most effective treatment programs available for adolescent SUD patients (Hellemann, Conner, Anglin, and Longshore, 2009). Therapist at Indiana's CMHC's

faces similar program dropout issues with SUD adolescent patients because it is tough keeping them focus. The researcher believes, that although the SUD patients wanted to discuss their cravings the treatment therapist didn't want to listen. This could be a future study of the gap between SUD patients and the treatment therapists.

The connections among the TTM and SCT framework key components are related to this study phenomenology approach and used to explain the experiences of treatment therapists' who provide substance use treatment services to adolescents. The framework also provided a link between the research questions and the interview questionnaire instrument used for data collection. The conceptual and theoretical frameworks used in this study is Prochaska and DiClemente's transtheoretical model (TTM), which incorporated elements of Bandura's self-efficacy theory . The TTM addresses ways to understand the concept of behavior change, while Prochaska's theoretical construct explains the addict's cognitive process during stages of the treatment process. Further, this theoretical work addresses ways of understanding SUD treatment from genetic and biological points of view. Bandura's theory addresses ways to understand the implementation of short and long-term recovery programs. Bandura's approach provides detailed meditational analysis for understanding the internal and external actions of adolescents during this development period of their life (Bandura, 1986). Using behavioral and cognitive models of the SCT offered guidelines on how treatment should be applied. Concepts from the TTM were used to explore information regarding how and if the treatment interventions within Indiana provide insight into the most effective treatments for adolescents struggling with SUDs. This study filled the gap

in the literature regarding which treatments are most effective, as well as the lack of the treatment therapist understanding conflicts in research studies outcomes about effective interventions.

Nature of the Study

This phenomenological methodology qualitative research study used the TTM to interview 23 counties treatment therapists who work at CMHC's in the state of Indiana. Interviews were conducted to collect data regarding different evidence-based on treatment models and the perceptions of treatment therapists working in Indiana's 23 CMHC's. Semi-structured interviews were conducted to collect the data to better understand treatment therapists' experiences and perceptions of treating adolescents with SUDs. To determine the most effective interventions, this study used the TTM also known as the stages of changes to understand the recovery process. Themes found in the treatment therapists interview transcripts explained what treatment meant to an adolescent with SUD's. Additionally, data from the Indiana Prevention Resource Center (IPRC) and the Division of Mental Health Administration (DMHA) databases were instrumental toward the completion of the data analysis for gaining insight regarding treatment programs that the state of Indiana offers.

The counties of Indiana offering treatment to the adolescent population are in line with Prochaska's and DiClemente's stages of behavioral change, the people who developed the TTM. Literature reviews of articles retrieved from Walden University's online databases, the NIDA, National Registry of Evidence-based Programs and Practices (NREPP), CDC, and U.S. Department of Health and Human Services (DHHS) provided

information about increased in overdoses among adolescents. This study completed a qualitative assessment of program interventions to explore the most effective interventions on the IPRC, and the DMHA databases for adolescent SUDs throughout this study.

Definitions

The following is a list of terms used in this study to reduce confusion and increase understanding of the findings:

Adolescence: The Center for Behavioral Health Statistics and Quality (CBHSQ, 2017) identified children as age 12 to 17 years old as adolescents.

Dependence: The CBHSQ (2017), described dependence as frequent use of a substance for extended periods of time leading to tolerance and lack of motivation or ability to discontinue use of the substance.

Drug poisoning (overdose) deaths: Deaths that occur unintentionally due to overuse of drugs (Centers for Disease Control and Prevention, 2015). Drug overdoses can take place when individuals abuse prescription drugs or take drugs prescribed to someone else.

Illicit Drug Use Disorder: The CBHSQ (2017) defined illicit drug use disorder as an individual who is dependent on, abusing, or using illicit drugs, which include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutic drugs that are misused.

Interventions: The NREPP (2016) specified an intervention as a strategy to prevent unwanted behaviors by promoting or creating interference to change the current issue. Treatment is used to alter or change undesirable outcomes due to drug misuse.

Key Informants: Treatment therapists are organizational leaders who have knowledge and lived experiences about SUD servicing, training and development, and advocacy for ending substance use and recovery from drug abuse (Center for Health Policy, 2016). Key informants include managers, public health officers, direct staff, practitioners, administrative personnel, training coordinators, and staff.

*Substance Use Disorder (SUD):*The CBHSQ (2017) defined SUD as a disorder in which individuals abuse illicit drugs or alcohol or are dependent on nicotine.

Treatment Episode: The time frame of admission for treatment services to the patient being discharged from treatment (CBHSQ, 2017).

Study Assumptions

This study assumed the number of treatment therapists required to offer care to adolescent SUD patients continues to increase. The expected rise has been a recurring assumption made by the National Household Survey on Drug Use and Health (NSDUH, 2017) and the IU Richard M Fairbanks School of Public Health at IUPUI (Center for Health Policy, 2016). Also, substance abuse among the Indiana SUD adolescent population continues to increase until disparities to addressing treatment efficacies are addressed; this an assumption made in Healthy People, 2020 (U.S. Department of Health and Human Services, 2013). SUDs among the Indiana SUD adolescent population continues to increase until treatment gaps are addressed. This assumption was noted by

Austin and Sutton (2014) to address possible participant bias in research studies regarding SUD treatment efficacy. The lack of knowledge about treatment gaps increases the SUD adolescent population. The study researcher believes that treatment therapists selected as participants for this study were truthful and answered the questions about SUD treatment honestly in this study.

Scope of Delimitations

This study was designed to understand the effectiveness of treatment, the impact that substance abuse places upon the Indiana SUD population, and details regarding increase adolescent morbidity, mortality, and the rising cost to treat this disease. Although numerous interventions exist to treat adolescents struggling with SUD, unfortunately there are limited data on Indiana's SUD most effective treatments being used, and conflicts exist in the results of existing research studies (Field et al. ,2010). There are, however, data available on the drug overdose mortality rates. The CDC reported mortality rates from illicit drug use and prescription drug misuse. In 2016, the United States mortality rate for substance drug misuse was 18.0 % or 448,501 of persons age 12 years and older of the numbers reported in the thousands, male's 20.7 percent or 27,032, females 21,469 or 15.5%, and the mortality rate among the adolescent ages 12-17 population reported was 15.8% (CDC, 2018). Although, the 2015 NSDUH reported that 8.1% or 21.7 million people aged 12 or older needed substance use treatment in 2014, it was estimated that 2.3 million people aged 12 or older needing treatment for substance misuse were treated at a facility (SAMHSA, 2016).

The delimitations of this study include (a) treatment therapists must currently work with SUD diagnosed adolescents in the state of Indiana; (b) treatment therapists must be age 18 years of age or older; (c) treatment therapists must be able to communicate in English, and (d) possess 2 or more years of experience or have knowledge about treating SUDs disorder adolescents in the state of Indiana. The researcher for this study believed participants recruited for this study were truthful and reliable in their responses.

Delimitation sample size, for this study only included SUD interventions offered at the 23 Indiana state-operated CMHCs. Information about treating the adolescent population in other geographical areas was excluded from this study. The reason for the exclusion of states in the country is for cost effectiveness. Regardless of the numerous interventions offered to adolescents to reduce substance abuse, overdoses among SUD adolescent population are occurring in the United States (CDC, 2016), especially in the state of Indiana. Another delimitation of this study is the focus on SUD interventions and treatment programs only for the state Indiana adolescent population between ages 12 and 17. Additional studies are needed to explore psychological interventions among adolescents, who are considered as a special population. The TTM is well known for being relevant in explaining treatment efficacy in research studies focused on the adult population and should be adopted to guide more studies on adolescent substance misuse (Serafini, Shipley, & Stewart, 2016). In addition, the SAMHSA online website and the NSSATS include data on all registered substance abuse treatment facilities (public and private) in the United States. Annually SUD questionnaires conducted by N-SSATS

includes a collection of data on the services offered at treatment facilities, the number of clients at alcohol and drug treatment facilities, location, and demographic characteristics. Treatment therapists report admissions, and discharge, type of treatment data to the N-SSATS. Data reports can be retrieved from online and are available to the public. The reports are available based on the reported information from of the states SUD treatment facilities within the United States to N-SSATS.

Study Limitations

There are potential limitations associated with this study. The sample for this study only involved treatment therapist in the 23 counties of the state of Indiana. The reason for the researcher to settle on the 23 counties is to reduce cost on traveling around the whole country. The lack of funding also impeded the progress of the study. There is limited information available to treatment therapist about SUD interventions and treatment programs administered to adolescents in the state of Indiana. This study design missed an opportunity for information about treating adolescents in other states of this country, demographics, and behaviors environmentally influenced by cultural beliefs of the 23 counties researched was a major barrier making the result difficult to achieved. Although two counties refused to respond to the researcher's calls for an interview; that really effective the quality of the study. The study also noticed that lack of years of studies of experience, and lack of knowledge of treatment therapists on the study topic also effected the quality of the results.

Summary

This study investigated the perceptions of treatment therapists who provide treatment to Indiana's 23 counties to SUD adolescents to better understand the most effective treatments. The chapter discussed problems with SUD treatments and interventions reported by treatment therapists, the study's purpose, conceptual framework, research questions, and methods. This study fills the gap in understanding program outcome conflicts by exploring the effectiveness of substance abuse interventions and identifying the most effective treatments for Indiana's 23 counties SUD adolescent population. This framework is significant for understanding behavioral changes in SUDs and the quality of treatment employed to adolescent substance abuse patients in the state of Indiana and the United States. Chapter 2 includes information on the relevant theoretical model and theories that were discussed. Chapter 3 discusses the methodology used in this study to conduct the research. Chapter 4 presents the findings and results. Lastly, Chapter 5 provides an interpretation of the findings and implications for social change.

Chapter 2: Literature Review

Introduction

This chapter provides an overview of the existing literature on substance abuse treatment programs available to adolescents struggling with illicit drug use. In addition, the study was designed to understand the experiences of treatment therapists and lack of treatment services for SUD adolescents. It addressed the literature gap regarding the practice understanding of the treatment therapist and SUD adolescent patients (Field et al. (2010). Despite the many interventions to reduce substance abuse, overdoses continue to occur (CDC, 2016). Das et al. (2016) stated that there was a strong need for future research to determine the most effective treatment programs. Field et al. (2010) argued that the results showed the conflict between whether short-term interventions are more successful than long-term interventions.

This chapter was separated into five sections. The literature review strategy section describes how articles were selected for review and includes a comprehensive discussion of adolescent substance abuse treatment efficacy. The theoretical foundation section describes the model and theory identified for the study. Studies related to drug addiction concerns and the chosen methodology and scope of the study are defined in the adolescent substance abuse concepts section. Finally, the summary section presents gaps in the literature along with the general goal of the study. Overall the lack of knowledge about treatment efficacies and experiences regarding SUDs among the Indiana SUD adolescent population problem was investigated by study researcher.

Literature Review Strategy

The literature search started with a review to understand the prevalence and nature of adolescent substance abuse within the state of Indiana. Google was used to search government websites on Indiana substance abuse trends. The searches engines used to retrieve information for this chapter included Academic Search Premier, PsycARTICLES, PsycINFO, Psychology, and Behavioral Sciences Collection, and EBSCOHost in full text. Search terms used to locate relevant article included but was not limited to: effective substance abuse treatment, substance abuse interventions for adolescents in Indiana, transtheoretical model and substance abuse, social cognitive theory, adolescent substance abuse, addict treatment for adolescents, cognitive behavior, motivational interviewing, Indiana substance misuse, Indiana overdose rate, DMHA evidence-based treatments, and CMHC's treatment facilities locations. This study researcher also used the following terms: phenomenology methodology approach, substance use interventions, therapeutic relationship, family involvement, client preference, drug addiction, and SUD clients and therapists.

Articles included peer-reviewed evidence-based interventions and post-discharge studies used to compare treatment for substance abuse. Studies performed more than 15 years ago or published in a non-English journal were excluded from the study. Seventy-five articles published between 2002 and 2016 were reviewed to identify information relevant to the objective of this study. All studies that provided relevant information about effective treatment for adolescent substance abuse were reviewed, analyzed, and cited. The study research questions were limited to investigating the experiences and

perceptions of treatment therapists who provide substance abuse treatment programs. Investigating drug abuse treatments in other states was outside the scope of this research project.

Theoretical Foundations

There are numerous health promotion and disease prevention theories and models associated with the field of Substance Misuse. However, they do not capture all facets of this study problem. Both the TTM and the SCT have been used as an effective theoretical background to describe psychological, cognitive, and health behaviors for adolescent treatments and interventions. Groshkova (2010) confirms that no specific theoretical framework was identified by researchers for substance abuse studies, therefore the selection of TTM and SCT framework was used significantly in this study to describe how behavior changes of adolescents with SUDs take place in stages.

Transtheoretical Model (TTM)

The TTM was identified as being most applicable for studies on adolescent substance abuse (Serafini, Shipley, & Stewart, 2016). The TTM was developed by Prochaska and DiClemente (1984), who theorized that behavior change takes place in stages (precontemplation, contemplation, preparation, action, and maintenance). Understanding the stages of change in SUD change assist treatment therapist with treatment placement, according to the addict readiness for recovery. In the precontemplation stage, the client is not serious about discontinuing their substance. The contemplation stage is when the client is starting to consider stopping the misuse. Preparation stage the addict attempts to change the misuse behaviors, while in action

stage the addict become actively involved in changing the misuse behavior, and the maintenance stage it is time for evaluation of possible temptations that could cause the client to return to substance misuse if adjustments are not made to prevent relapse by providing coping skills. These stages were relevant when adopted in treatment for Indiana's adolescents with misuse substance issues. The TTM is used to provide information about adolescent drug abuse treatment in school-interventions and community settings. TTM's stages of change is relevant for motivating behavior changes related to substance misuse (Serafini, Shipley, & Stewart, 2016). Serafini et al. (2016) recognized TTM in the study as the coerced action group for the change in the unwanted SUD behavior. The term coerced action was used to in Serafini research study to identify the individuals placed in a new group added to the model to represent the SUD adolescents who behavior changed significantly , similar to the pre-contemplation stage of TTM. The coerced action approach was used as a motivator for SUD adolescents as they successfully completed the TTM stages while maintaining sobriety. The pre-contemplation stage is where addicts are not ready to change their drug use behavior (Korcha, Polcin, Bond, Lapp, & Galloway, 2011). Burke and Gregoire (2007) confirms that there was a reduction in substance use among adolescents involved in coerced action treatment programs study. Serafini et al. (2016) concluded that the TTM could also be effectively applied to the Indiana SUD adolescent population to describe the stages of substance abuse behavior. This was based on the research questions and tests associated with determining which treatments and interventions are most effective when treating substance misuse.

An important aspect of the TTM approach is the concept that relates to the behaviors of an adolescent in various stages of their recovery. The model suggests not all adolescent adopt to change in the same way, or at the same time. Therefore, based on this model knowledge and skills learned can increase the adolescent ability to gain independence as they develop through each stage. Also, the framework provides a clear understanding of motivating adolescents to discontinue substance use. The TTM breaks down behavior change into five stages which are used as a categorical placement for adolescents struggling with substance use.

Social Cognitive Theory (SCT)

After the review of theories associated with addressing social change, the SCT is used the most in public health interventions for the promotion of health and prevention of disease. The SCT was also identified as being applicable for addressing substance abuse prevention programs (Cleveland, 2010). This theory changed names from social learning theory created in 1960 (Bandura & Walters, 1963) to the theory developed by Bandura (1986) and renamed social cognitive theory. Bandura (1986) argued that human behavior is influenced by personal experience, environment, and behavior. Majority of the literature reviewed applied SCT, with the focus on getting the adolescent population to quit drug use, all together. Recent studies showed that adolescent being in various stages of behavior change. This is because of the social factors and developmental characteristics associated with life stages (Christie & Viner 2005; Neinstein 2002).

Adolescent Substance Abuse Concepts

Substance misuse tends to start during the adolescent experimental years, it is most important to know the triggers to determine which interventions are effective (Stone et al., 2012). Risk factors can positively influence drug use, and on the other hand, protective factors are associated with reducing the opportunity for the risk of drug use. Substance abuse risk factors include the availability of the drug, weak family relationships, peer use, neighborhood characteristics, mental health problems, and if there is family substance use in the home (Stone et al., 2012). Elements of protective factors include, addicts having a strong family relationship, preventive laws, having low childhood stress, and living in neighborhoods with economic viability (Stone et al., 2012).

Regardless of how substance abuse treatments and interventions are implemented, substance abuse among adolescents remained a burden to public health. The results of a study conducted by National Institute of Drug Abuse (2003) show that among Indiana adolescents, both risk and the lack of protective factors can initiate substance abuse and use, affecting children at different ages and stages of life. Staff at treatment facilities who are aware of the factors may be able to prevent influences of substance use among adolescents. Staff at treatment facilities who are aware of the factors may be able to prevent accidental influences of substance use among adolescents. Griffin and Botvin (2010) conducted a study using the method to review the epidemiology, etiologic risk, and protective factors, and evidence-based approaches to determine which treatments are most effective. The study found that the most effective treatment was performed at the

individuals, family, and community level; targeted salient risk, and protective factors (Griffin & Botvin, 2010). Although this study helped identify the most effective treatment strategy, the implementation of evidence-based treatment in schools, families, and communities is difficult.

Studies with similar characteristics were also reviewed to gain knowledge about what is already known about treatments and interventions offered to adolescents. These characteristics included demographic, clinical, and dysregulation information. In a study by Field and colleagues (2010) adjustments were made during the data analysis process to address whether the length of treatment increases the effectiveness of interventions, based on their individual settings and characteristics and environment. The study found that controversy exists between outcomes and efficacy of interventions and treatment available to adolescents. Due to these conflicts, the author suggested that future studies should require continued studies on treatment efficacy.

Sussman (2011) argued the difference between the use of prevention and treatment. This is a valid point when determining the most effective interventions to implement for adolescent substance use. Questions such as which treatment is needed to address substance use? Or will the adolescent decide to quit on their own? In the study titled "Motivation and Substance Use Outcomes among Adolescents in a School-Based Intervention," the researcher assigned a description for students of the clinical research team. Participants in this category had to meet intervention criteria such as prior drug use within the last three months (Stewart, Felleman & Arger, 2015). These set criteria assisted with exploring the data after collecting from the key informant interviews, based

on responses and the participant perception. The outcome of the school-based motivational incentives intervention study found that increasing coping strategies in the end-of treatments decreased the use of marijuana among adolescents (Stewart, Fellerman & Arger, 2015).

Adolescent Illicit Drug Abuse

Illicit drug use is identified as any illegal non-medical use of drugs (Das, Salam, Arshad, Finkelstein, & Bhutta, 2016). These drugs include but are not limited to heroin, other opioids, amphetamine-type stimulants, cocaine, methylenedioxyphenol methamphetamine (MDMA), ecstasy, cannabis, and marijuana. Crow (1998) reported that marijuana is the street drug that adolescents most commonly use. However, there are many drugs that youth experiment at an early age. Trails and exposures to illicit drugs come at a cost and can land them in prison or can cause death due to drug misuse (Johnston, O'Malley, & Bachman, 1993).

Substance Abuse Treatments and Interventions

There are many types of treatments and interventions offered to adolescents struggling with drug abuse in the state of Indiana and globally. The use of evidence-based intervention is cost-effective in determining the most effective treatment to reduce the prevalence of drug use (NIDA, 2012). The word "treatment" and "intervention" are sometimes used interchangeably in most research studies. Treatment is focused on the well-being of the addict, and interventions are focused on intervening to prevent impairment to many (Jhanjee, 2014). This review includes many interventions and treatments offered to the adolescent in the state of Indiana and approved by the

SAMHSA's and the National Registry of Evidence-Based Programs and Practices (NREPP).

Indiana's Evidence-Based Interventions

Evidence-based treatments included two approaches, pharmacotherapies, and behavioral therapies, developed to address the impact of drug addiction on the addict, families, as well as society (National Institute of Drug Abuse, 2012). There are reports on the several types of treatment, but no evaluation analysis for the treatment offered to adolescents by facilities in Indiana. The National Institute of Drug Abuse (2012) addressed the differences between long-term residential treatment, short-term residential treatment, outpatient treatment programs, individualized counseling, group counseling, and treating criminal justice-involved drug abusers, in all age groups. In addition, the research review of treatments includes long-term residential treatment, short-term residential treatment, outpatient treatment programs, faith-based treatment, and post-discharge treatment. Indiana's Evidence-Based Practice Guide was used to determine how substance abuse prevention and treatment is managed by the Division of Mental Health and Addiction as a Single State Agency. Evidence-based programs in Indiana are selected and must be approved by the Evidence-Based Program Workgroup of Indiana, before employing treatment at facilities that treat adolescents for substance misuse. Sites should select programs for the prevention of risk and protective purposes. Below is a non-inclusive list of approved interventions and treatments to provide a general idea of practice.

Coping with Work and Family Stress

This intervention is approved and relevant at treating patients at the workplace to increase the employees (age 18 and older) knowledge on how to build skills for coping with stress (Indiana's Evidence-Based Practice Guide, 2016). Coping mechanisms from a couple of theories were adopted to teach employees how to deal with stress in the work and home environment. The Bandura's approach "social learning theory" and the Pearlin and Schooler's Hierarchy is used in this theory. The domain targets non-school age adolescents. A series of 90 minutes sessions in group size of 15-20 addicts are taught how to decrease risk factors such as stressors that influence substance use, and the practice of an increase in the use of protective factors (social support). Studies were reviewed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Registry of Evidence-Based Programs and Practice in October 2007. An assessment of the quality of research and the effectiveness on the use of this intervention for perceived stressors, coping strategies, perceived social support, alcohol and other drug use/problem drinking, and psychological symptoms. For example, one study involved 33 participants who previously struggle with substance use to evaluate their coping strategies. A self-reporting scale instrument was used, and the outcome showed an increase in behavioral coping after 6 months, and a significant reduction in having to use avoidance coping skills. The study concluded that the use of "Coping with Work and Family Stress" intervention is relevant for mental health promotion, substance abuse prevention, and co-occurring disorders (SAMHSA & NREPP, n.d.).

Curriculum-Based Support

Curriculum-Based support is designed for increasing resiliency among individuals ages 4 – 17. Children are identified by faculty and counselors at schools that stand a higher chance of experimenting with drugs or alcohol. The high-risk category is based on attitudes problems and previous life experiences. This intervention is also used to reduce delinquency and violence in the home from family situations. It is practice in small groups in a community and school-based settings. Essential life skills are taught to assist the youth with coping with risk factors that may influence alcohol and drug use. Facilitators and staff are trained to administer this type of programs. The length of the program is based on the addict willingness to participate in the program and the level of unmanageable behaviors of the addict. This intervention works best at identifying those with an elevated risk for early substance use (Center for Health Policy, 2016).

Project MAGIC

This program is focused on addressing the behavior of first-time offenders, stemming from substance abuse. It is also used to modify attitudes of a juvenile in detention as an alternative, targeting ages between 12 through 18 (Indiana's Evidence-Based Practice Guide, 2016). Area of interest is mental health promotion and substance abuse prevention. One of the overarching goals is to improve academic success and reduce the number of adolescents returning to juvenile detention facilities or prison. The programs take place in school-based and community settings by trained staff. Project MAGIC was developed based on the ecological model. A small group of 8-10 youth meets at a minimum of twice a month for 20 one and half hour sessions to educate and

build skills to address risk factors that influence drug use. In addition, parents of addicts participated in this program together developing a connection and understanding that drug addiction is a disease. NREPP, SAMHSA (n.d.) completed pre-to-posttest surveys on that youth who participated in Project MAGIC, results show improvement in academic success. This intervention works best at identifying those with an elevated risk for early substance use (Indiana's Evidence-Based Practice Guide, 2016).

Faith-Based Intervention

The Faith-based intervention involves an individual praising a spiritual source. This means that the addict looks to God to help them overcome their struggles with substance misuse (Hodge, 2011). A spiritual relationship and connection with God have been formed based on the addict faith and belief that they can be delivered from substance use. The 12 Step-based program techniques include beliefs that God holds the power of deliverance from addiction. The Hazelden Betty Ford Foundation states that treatment is based on the assumptions that addicts accept that there is a higher being (God) and begin to admit that they are powerless when it comes to Substance use (Leonard, 2013). The effectiveness of this treatment has been determined based on the evaluation of research studies on adult and funded by the National Institute of Drug Abuse (NIDA). Additional research needs to be completed on the efficacy of this treatment among the adolescent population, to determine if the religious beliefs are being relied upon by adolescences to overcome drug addictions (Leonard, 2013).

Indiana's Evidence-Based Treatments Offered

There are many treatments used to treat substance abuse among adolescents. Review of each treatment was important for determining the most effective treatment programs being offered to the adolescent in the state of Indiana. While interventions are focused more on intervening and prevention, treatments are a focus on the well-being of the addict after substance use. Treatments used to treat adults are not always effective in treating adolescents, the adolescent brain may be "impaired" from drug use causing a change in the biological functions (Greene & Kropt, 2000). Their many methods used to treat substance abuse, below is a non-inclusive list of treatments offered to adolescents with substance abuse problems. The list of treatment reviewed includes Outpatient, residential (non-hospital, and hospital Inpatient. Further, the type of services offered during the treatment includes assessment and pre-treatment services, testing, counseling, transitional services, pharmacotherapies, and ancillary services. More than one type of care may be offered at the facilities located in the state of Indiana.

Outpatient treatment

Outpatient care includes regular, intensive, day treatment/partial hospitalization, and methadone/buprenorphine. These types of programs are employed on a case by case basis. The adolescents come to the facility to meet with a therapist for a few hours based on a treatment plan that is developed to increase motivation toward discontinuing substance use. In most cases, the adolescent is in the beginning stage of substance use, and the need for treatment is less severe than those requiring inpatient treatment. This type of treatment involves counseling session, treating criminal justice-involvement, and

group sessions for an adolescent of all ages. Mental health problems associated with adolescent drug use disorders can be addressed using the outpatient models. NIDA (2018) found that intensive day treatment can be just as effective as residential treatment, however, the characteristics of each patient should be taken into consideration.

Residential (Non-hospital) Care

Residential (non-hospital) care includes short-term, long-term, and detoxification treatment. Long-term residential treatment is sometimes referred to as inpatient treatment for adolescents with SUD's. Although both long-term and short-term treatment usually take place in treatment facilities, in a non-hospital setting, the length of the stay is determined by the severity of the addiction. In most cases, mental health, family, and medical issues intervene with treatment causing the program to be extended out to a year. Each patient is unique because of the different experiences with substances. Inpatient treatment is well known and has been relevant to controlling drug use. During this extended stay, the addict develops accountability and responsibility skills to survive upon returning to their normal lives and environment. The program curriculum includes social and psychological shortfall. The inpatient program can be adjusted to fit the needs of the addict. Advantages of this type of treatment include a trained staff, to assist patients 24 hours a day, 7 days a week. Also, during the stay, the patient does not have to worry about meals or a place to sleep, which can make it expensive and costly, for the patient without insurance coverage. NIDA (2018) found that the therapeutic community (TC) as the most effective inpatient treatment with stays averaging from 6 months to a year. This

treatment is more effective because the long-term residential treatment provides the addict with a break from their living and social environment at home (NIDA, 2018).

Short-term residential treatment is typical short-term inpatient stay for detoxification and the receipt of counseling treatment about risk and protective factors associated with substance use. Normally this stay can be between five days and two weeks. The treatment is based on the 12-step approach and is facilitated in a non-residential setting. This type of treatment was influenced by the increase in the number of SUD cases in the mid-1980s, which was documented as the cocaine epidemic (NIDA, 2018). At the time the residential treatment was a 2 week to month inpatient hospital stay, along with outpatient therapy, and attending an Alcohol Anonymous meeting. NIDA (2018) found this treatment to be the most effective and relevant when individuals have a connection with aftercare programs. After completion of inpatient treatment, a post-discharge program is well-known for preventing premature relapse (NIDA, 2018).

The importance of adolescent participating in post-discharge treatment after short-term, long-term, or detoxification treatment. Communications and activities of this program is an effective way to address substance abuse. How this treatment work is, at the end of the treatment phase, the addict is asked to participate in after-care treatment. This provides a connection for the individual to reach out when situations (risk factors) in life become too much to cope with. There are many risk factors that must be considered to prevent contributing to adolescent substance abuse. These risk factors can be internal as well as external. Addicts who participate in post-treatment activity after a substance

abuse treatment increase the absence of substance use outcomes (Duffy & Baldwin, 2013).

Hospital Inpatient Care

Hospital inpatient care at most facilities includes treatment as well as detoxification that take place in a partial hospital program and residential settings. This type of care is referred to as specialty SUD treatment at facilities. Although long-term stays are rear they tend to focus more on behavior changes, while short-term residential stays are more common and focus on detoxification, and to medically assist patients with withdrawal (SAMHSA, n.d.). Medication-Assisted Treatment (MAT) is the term used for patients receiving medication for SUD's. The medication is used to treat withdrawals and cravings for drug use. MAT has been effective in treating opioid use and alcohol use disorders (SAMHSA, n.d.). This type of treatment can be administered in an inpatient or residential setting.

Clinical/Therapeutic Approaches

Clinical and therapeutic approaches are always, often, or sometimes used at the Indiana facilities. These approaches include substance abuse counseling, relapse prevention, Cognitive-behavioral therapy, 12-step facilitation, motivational interviewing (MI), brief intervention, Contingency management/motivational incentives, trauma-related counseling, rational emotive behavioral therapy, matrix model, community reinforcement plus vouchers, and faith-based. These approaches focus on getting the patient to change the uncontrolled behaviors that make their lives unmanageable with the

use of the substance. For this paper, only the 12-step facilitation, MI, and cognitive-behavioral therapy approaches were addressed.

Twelve Step-Based/Facilitation

The 12 step-based programs are generally apart of the recovery phase following treatment. The 12 steps were developed in 1938 by the founders of fledgling for recovery (Alcoholics Anonymous [AA], 1976). This process is designed to assist adolescents and adults with having a long-term recovery. Steps are taken by the addict to learn persistence to discontinue substance use. For example, Leonard (2013) a youth spiritual care professional described step one of the programs, as the stage when addicts acknowledge that they are helpless to substance use; causing life to be uncontrollable. This step is designed to help the addict realize that they have a disease that requires treatment and a constant reminder of how their unmanageable life experiences. Discontinuing substance use appears to be a straightforward process to someone not struggling from a SUD. The effectiveness of the 12 step-based programs is relevant and serves as the philosophical foundation for many treatment programs and interventions. Leonard (2013) states that the 12-step program is effective among the youth population resulting in long-term recovery outcomes. Treatment results of the 12 steps are effective when the program is being worked by the addict, and not being used as a code of conduct or policy, but as a daily routine or practice. Individual experiment with substances differently, which makes the timing of advancement through the 12 steps-based programs unpredictable.

Motivational Interviewing (MI)

MI is another intervention used to treat adolescents suffering from drug addiction. Techniques are applied during counseling sessions with the addicts. The techniques were developed based on TTM's (stages of change) five indicators in treating the adult population. Miller and Rollnick (1991) argued that the techniques open doors for communication with the client and is not just a set of procedures for counseling. Staff and facilitators must complete a series of training prior to employing the MI techniques to communicate with patients. Counseling sessions with adolescents are managed care settings in treatment facilities. One of the key principles mentioned by Miller (1991) is the importance of avoiding arguments with clients who struggle with substance use because it is sometimes a trigger that can influence addicts to return to drug or alcohol use. The effectiveness of this treatment has been confirmed by an increase in drug use absence outcome among the adolescent population (Barnett, Sussman, Smith, Rohrbach, & Sprujit-Metz, 2012; Jensen et al., 2012).

Cognitive Behavioral Therapy (CBT)

CBT is a therapeutic approach that seeks to modify negative or self-defeating thoughts and behavior. CBT is aimed at both thought and behavior change. The treatment is employed during individual and group counseling sessions aimed at building coping skills to influence the patient to alter unwanted behaviors. For example, the individual discontinued use of the substance by adhering to their personal recovery plan or social reinforcement. McHugh, Hearon, and Otto (2010) found CBT to be a relevant treatment for SUD's among adolescents. However, support for this SUD intervention only exist in

experiential studies that take place in provision setting, and there is a lack of understanding about the effectiveness of CBT in research studies optimal conditions (McHugh, Hearon, & Otto, 2010). Additional research should be completed on the use of CBT for SUD's to fill gaps in the literature between theory and how it is being practiced in clinical settings.

Summary

This chapter reviewed the literature to provide information about what is known and unknown about SUD adolescents and treatment efficacy. There are existing studies that provide information about substance abuse among adolescents and treatment efficacy. Those studies focus on finding ways to get the adolescent to quit drug use, many studies used SAMHSA national dataset to examine the prevalence of drug abuse, and the associated risk factors.

This literature review identified a gap in the lack of past research on how SUD treatment therapist experience treating the SUD adolescent population with the most effective treatments at the Indiana 23 county CMHC's. Evidence from the studies showed that although many interventions exist, no one theoretical framework has been identified as common use for all research on substance misuse (Groshkova, 2010). Therefore, literature reviews informed this study researcher decision for selecting TTM and SCT as the theoretical framework to be used as a guide for the interview questions to collect data for this study.

Chapter 3: Research Method

Introduction

This purpose of this study was to identify the most effective treatment methods as reported by Indiana's 23 county CMHC treatment therapists. The design for this phenomenological method research study provides information on reported treatment efficacies. This study also provides information about approved evidence-based treatments and interventions based on the 23 counties treatment facilities' submitted data. Interviews were used to explore lived experiences and perceptions of Indiana's treatment therapists who offer SUD treatment. Persons servicing patients who struggle with SUDs could be key to understanding the effectiveness of treatment offered to adolescents diagnosed with SUDs. However, additional research is required to enhance treatment outcomes, refine current practice guidelines, and continue bridging the gaps in literature about effective treatment practices.

More qualitative studies are needed regarding this population because Indiana's SUD treatment therapists lack of understanding interventions that addresses the use of the TTM, treatment therapists, and the Indiana SUD adolescent population. Interviews and observations of treatment therapists help to identify differences in treatments offered to SUD adolescents and inform the 23 counties CMHC regarding which treatment courses are most beneficial to employ in the Indiana SUD adolescent population and across the United States.

Chapter 3 provides a rationale for the selected study design and an explanation of the researcher's roles and biases. The methodology section of this chapter identifies the

target population, sample size, and sampling strategy. This section further discusses the proposed instruments to collect data for this study. Also, trustworthiness issues are addressed in this chapter to define and explain internal and external threats, as well as ethical procedures. Lastly, the research questions for this study were developed to answers this study research questions using the phenomenological methodology approach to ensure rigor.

Research Design and Rationale

The following research questions are used to guide this qualitative study:

RQ1: What meaning do treatment therapists providing treatment to individuals diagnosed with SUDs ascribe to the patients?

RQ2: What are the treatment therapists' perceptions concerning treating SUDs effectively?

RQ3: How do treatment therapists for adolescents use their lived experiences regarding SUDs to develop courses of treatment for adolescent SUD patients?

This study used the phenomenological methodology to understand treatment therapists' lived experiences and perceptions about the treatment courses employed to adolescents with SUDs. The central phenomena for this study are the actual experiences and perceptions of treatment therapists regarding SUDs and treatments. The rationale for selecting phenomenology as the method is based on Colaizzi's philosophy about research questions determining the success of the study. Based on the data collected for this study, the researcher believes that little is known about the treatment therapists perspectives on treating adolescents with SUDs, or what happens to SUD patients once treatment is

completed at Indiana's CMHCs. Duffy and Baldwin (2013) found that researchers can use the qualitative approach to identify factors that influence post-treatment recovery by examining experiences in different settings. Instead of addressing research traditions, this study focused on the lived experiences and perceptions of treatment therapists for adolescents with SUDs.

This study used constructivist philosophy to assist with the research to describe the meaning of lived experiences that the Indiana 23 counties treatment therapists share when providing SUD services to patients. There are many types of phenomenology methods that can be applied to qualitative research studies. This study researcher used phenomenology methodology to transcend and describe data to understand the SUD phenomena associated with the lived experiences of Indiana CMHC treatment therapists. The bracketing process was used in this study to eliminate researchers' personal bias during interviews with participants (Creswell, 2013). The bracketing process was used as the This study researcher constantly reminded herself to put aside personal feelings and experiences on the research topic regarding SUD's among the Indiana's adolescent population.

The phenomenology qualitative research design was used to study the meaning of experiences and perceptions of treatment therapists based on cognitive representations of diseases and illnesses. Colaizzi (1978) confirms that the success of phenomenological methodological research questions depends on the extent of the research questions touching the lived experiences and the distinct from theoretical explanations. The Indiana's 23 counties CMHC treatment therapists' perceptions were used to gain a better

understanding of the treatments government and educational policies at their facilities. Answers to this study research questions emerged from the data collected about the 23 CMHC treatment therapists lived experiences were hypothetically explained (Creswell, 2013). Phenomenological data analysis is a necessary step to allow the researcher to review psychological procedures. Van Manen (1990) stated that although there are many phenomenological philosophy types, they all seem to focus on studying the lived experiences of people. For this study, interview transcripts were used to build data from the research questions to understand how the interviewed participants conduct treatment.

There are many features that need to be included in phenomenological studies which can be challenging for researchers (Creswell, 2013). These common features include: (a) the phenomenon that will be explored (experiences and perceptions of treatment therapists on the SUD's treatment programs offered to adolescents), (b) philosophical discussion (to determine the best phenomenology approach to use for the study), (c) bracketing (researchers personal experience with a phenomenon is discussed), (d) data collection from participants who have lived the experience (treatment therapists who offer treatment to adolescents with SUD's, (e) data analysis (what the participants have experience, and how the participants experienced the phenomenon), and (f) the essence of the lived experience (research participants descriptive answers to research study questions). Based on this study, the lack of knowledge about the experiences and perspectives of the treatment therapists and adolescents diagnosed with SUD's, phenomenology features are well known and used to describe the meaning of lived experiences (Creswell, 2013). Researchers face challenges when using the

phenomenological method because the dissertation must be based on philosophy without personal biases (Giorgi, 2006). As mentioned earlier in this paragraph, the bracketing technique was used to address the researcher experiences with the phenomenon and to reduce the opportunity for researcher bias during data analyses. The researcher's interest was to gain a holistic view and generate meaning about the phenomenon of SUD through immersion in the environment of concern, not to compare or quantify data.

Qualitative methodology is the type of study selected to gain a holistic view and meaning about the phenomenon of treating SUD's among the adolescent population. The rationale for the research method is based on the research question(s) and how it is to be studied or analyzed. It is suggested that the benefits of this approach are that the descriptive data can be described in steps or phases to provide information about the study that will inform a reader knowing nothing about the area of study (Rudestam & Newton, 2015). The lived experience, perspective, and belief allow the researcher to obtain quality data to inform the study question using the qualitative approach. The central basis for this study is to determine the most effective treatment for adolescents struggling with SUD's. This idea was found in literature reviews which suggest that additional research is required. First, a research problem was identified, then the appropriate method was selected to gain a better understanding of the area of study. Two phases were used to complete the methodology selected for this research study.

Phase one addresses the research design for this study to inform the qualitative focus and the relationships between treatment programs and interventions analyzed. Qualitative data was collected using an explanatory sequential approach. Connecting the

data to the adopted transtheoretical model and the social cognitive theory was implicit to the study. Data collection procedure consist of literature reviews of articles retrieved from Walden University online database, National Institute on Drug Abuse (NIDA), National Registry of Evidence-based Programs and Practices, and Centers for Disease Control and Prevention. The outcomes from the data analysis were used to determine the most effective treatment using the data collected from the databases.

Phase two consisted of the review of qualitative data collected from interviewing treatment therapists who provide treatment services to the adolescent population. For example, Creswell (2009, p. 216) state that "analysis occurs with qualitative (description and thematic text or image analysis) approach," and this strategy can be used in this research study. The report structure for the qualitative data collection and data analysis is presented in the research method section of the dissertation.

Role of the Researcher

In this qualitative study, the researcher was the tool used to collect and analyze data, based on the Indiana's 23 CMHC SUD treatment therapists reported lived experiences and perspectives (Maxwell, 2013). Creswell (2013) explained that it is important for researchers to understand that their personal perspective and lived experiences may influence the study; therefore, this study researchers' bias was managed to increase research quality. The researcher experiences and views as a parent, supervisor, family member, consumer, and a friend were taken into consideration during the translation of the data collected for this study. The researcher is a middle age African American female, with a strong interest for the SUD research topic, especially SUD's

after living around family members and friends who struggled continuously with the SUD horrific disease; and a reminder, that there is nothing that could be said or done to end this unwanted behavior without the addict's commitment to end substance misuse. Also, the researchers experienced professional relationships with addicts as their supervisor and leader in charge of soldiers, while serving on active duty in the United States Army for over 23 years.

Methodology

Participant Selection

The phenomenological methodology was used to explore how the Indiana's 23 counties CMHC treatment therapists generated meaning of their experiences and perceptions of the treatments offered to Indiana SUD adolescents. Purposeful and snowball sampling was used to select individuals having the knowledge needed to understand the efficacies associated with treating SUDs. A sample size of (N=23) of Indiana's CMHC treatment therapists were used to collect information about the population experience and knowledge (Babbie, 2007). There is an advantage for researchers using purposeful selection because the participants have experienced the phenomenon and a wealth of knowledge can be gained (Creswell, 2013). The appropriate sample size was met for this study by interviewing treatment therapists from the Indiana's 23 CMHCs. To obtain a suitable sample size, the study researchers included more than a "few sites or individuals," however "extensive" data was collected from each site or individual studied (Creswell, 2013).

The most common experiences of the Indiana's treatment therapists are the offering of SUD treatment at Community Mental Health Centers. These treatment therapists served as the participant pool for this study. Participant inclusive criteria are: (a) must currently work with SUD's diagnosed adolescents in the state of Indiana, (b) must be age 18 years of age or older, (c) must be able to communicate in English, and (d) possess 2 or more years of experience or knowledge about treating for SUD adolescents. During telephone recruit, individuals were asked questions to determine if criteria were met to take part in this study after gaining a letter of agreement from the director at treatment facilities. The goal was for 25 participants to volunteer to contribute information, however, I obtained 23 consented participants for this study. Some of the treatment therapists in Indiana possess limited experience with working with SUD's among the Indiana's SUD adolescent population, resulting in a smaller participant pool and sample size. Creswell (2013) found that the number of participants for this study provided adequate saturation for researchers to identify themes during data analysis, utilizing the continuous emergence of qualitative data throughout this study.

For this qualitative study, descriptive data were collected. The selection includes a limited geographical selection which enables the researcher to identify repetitive wording at the beginning of the data collection (Salazar et al., 2006). This study was narrowed by focusing only on the state of Indiana's 23 counties. Indiana has 25 CMHC's throughout 92 counties, funded by federal grants awarded to Indiana Family & Social Services Administration (Division of Mental Health and Addiction, 2017). Participant selection was based on the numerous treatment models offered by at the community

mental health centers, and the diverse types of key roles. Maxwell (2013) advised the use of purposeful sampling because the researcher can collect rich and meaningful data, which is my reason for selecting this method. I obtained Walden University IRB approval number 11-20-18-0149813 once the Letters of Cooperation was approved. Once authorized approval to conduct research, The study researcher recruited participants by placing phone calls to each community mental health centers in Indiana. The researcher used criterion sampling technique to ensure quality assurance of the data from each agency or treatment facility.

The Indiana Family and Social Services Administration Directory is available as public information through the Division of Mental Health and Addiction (DMHA) Website. The directory includes the name and location of each facility, contact information for health officer or director, and phone (Division of Mental Health and Addiction, 2017). The participant pool was narrowed by only targeting treatment therapists in local community mental health centers. The therapist who provided treatment to the adolescent was the population of interest for this study. This reduced opportunities for recruitment because most of the participants provide treatment to both adolescent and adult patients, or adults only. The directory includes the name and location of each facility, contact information for health officer or director, and phone (Division of Mental Health and Addiction, 2017). The participant pool was narrowed by only selecting treatment therapists in local community mental health centers.

Generally, qualitative studies use a small sample size, and Patton (2002) and Creswell (2013) support this. Although in qualitative research there is no specific

guidance for such a sample; the projected number of participants produced the data needed for saturation. Rudestam and Newton (2007) note it is important for researchers to seek a level of saturation obtain from the data collected to comprehend the selected participant's experiences and perceptions about the phenomenon of the study. Creswell (2013) and Salazar, Crosby, and DiClemente, (2006) have suggested that researchers use single digit participants and repetitive response will begin to appear. The researcher selected enough participant to reach saturation and answer the research questions.

Instrumentation

The study researcher generated a standardized interview guide to be used as the instrument for this study (see Appendix G). Patton (2002) suggested the use of an interview guide that includes open-ended, wrap up, and probing questions, as a tool for the researchers to stay focused (Patton, 2002). This guide ensured that a baseline was set for the responses from each participant. Moustakas (1994) recommended researchers use the epoche process to conduct interviews with a phenomenological research design approach. The bracketing technique assisted the researcher in making sure that the research questions are being answered for the study, and not basing it on the researcher previous experiences. Questions were developed prior to the interview sessions to ensure that they address the topic, and to assist with providing an understanding of the effectiveness of treatments for SUD's (see Appendix G). Prior to the start of the interviews, participants were scheduled for interview session times conducive to their availability. Participants were informed that following-up questioning might be required, to ensure that the meaning is captured of their responses to the research questions for this

study (Moustakas, 1994). This study researcher designed open-ended questions with the same wording for each participant. This increased opportunity for comparing the responses and the emergent of themes in the data collected. The probing question was designed to motivate the willingness to share their experiences. At the end of each interview session, a final question was asked of each participant. Rudestam and Newton (2015) suggested that participants be given an opportunity at the end of the interview session to share any thoughts, and any additional responses before concluding each session with participants. Because a weakness of using a standardized open-ended interview is that the format limits the respondent opportunity to elaborate on questions prepared prior to the interview session (Patton, 2002).

However, the guide allowed the researcher to stay focused on and capture the lived experience. Phenomenological interviews "aimed at evoking a comprehensive account of the person's experiences of the phenomenon" (Moustakas, 1994, p. 114). This was considered as a strength to gain an understanding and meaning about the lived experiences of treatment therapists who offer treatment to Adolescent SUD patients.

The following research questions were developed for this study:

RQ1: What meaning do treatment therapists providing treatment to individuals diagnosed with SUDs ascribe to the patients?

RQ2: What are the treatment therapists' perceptions concerning treating SUDs effectively?

RQ3: How do treatment therapists for adolescents use their lived experiences about SUDs to develop courses of treatment for adolescent SUD patients?

Procedures for Recruitment, Participation, and Data Collection

Interviews were conducted face-to-face and by telephone for this qualitative research study. Based on the key informant available time, interview sessions lasted between 40 to 60 minutes long. Informed consents were sent to all interviewees through electronic email messaging. Creswell (2009) stated that the advantages of telephone interviews give researchers an opportunity to gather information about the participant's experiences, as well as to regulate the flow of the interview session. However, data collected using the telephone limited the researcher from visual body language cues and possibly reducing the richness of the data collected. Telephone interviews are an opportunity to collect data when the participant's schedules do not allow direct observation or face-to-face interviews (Rudestam & Newton, 2015).

To recruit this study participants, treatment therapist from each CMHC were contacted by telephone. The Division of Mental Health and Addiction (DMHA) website provides a complete list of offices and contact information for each community Mental Health Center (DMHA, 2017). The researcher contacted the facility director named on listed on the directory to ask for participants using the criterion approach. In most cases, calls are managed by the administration office and calls are transferred to the point of contact information. Calls were continuously placed until a total of 23 treatment therapists accepted and agreed to participate and represent their CMHC. An agreement letter was obtained from each director of the Community Mental Health Centers to gain authorization to interview participants at their facility. Invitations were emailed to each of the potential treatment therapists after the criteria had been met, which was determined

during the telephone recruit process. An email message was sent to each participant requesting their consent for inclusion in the study. After receiving these consent agreements, each participant was asked to provide the available times that work best with their schedule. Calls were placed to confirm the interview appointment, and the day before a reminder was sent to each participant. The environment is important when conducting interviews to gather information about the lived experiences of the subject (Creswell, 2013). For convenience purposes, some participants preferred telephone interview over face-to-face interviews. For those treatment therapists who declined a face-to-face interview, telephone interviews with email message accompanied by the research questions were provided. Although the face-to-face interview was the preferred method for collecting data, participants had limited time and felt more comfortable with participating in a telephone interview. The researcher is aware that telephone interviews do not allow researchers to witness the participants attitudes or face expressions. Therefore, close attention was paid to how the participants responded, and this was annotated in the field notes for future reference.

All face-to-face and telephone interview sessions started at the scheduled appointed time using the interview guide checklist in Appendix G to ask the research questions verbatim for each interview session. Creswell (2009) suggested that the use of written notes or audiotaping of the interview sessions. First, the study researcher introduced herself to the 23 treatment therapist participants reminding them that their participation is greatly appreciated. Comfortability of the environment was addressed, reassuring that participants were aware of their rights and that it was voluntary

participation, and the interviewee may discontinue at any time, as stated in the signed informed consent. Participants were also informed again that the interview session should take between 40 to 60 minutes. In addition, all participants are informed that the information shared, and the results of this study will be kept confidential and used for the reporting of this researcher study. All participants were informed that the interview was to be audio-taped recorded, and if it was okay to proceed. For the email interviews, an audio-taped recording took place and a copy of the email message was filed and used to reflect on the use of direct quotes about lived experiences. Also, member checking was used to ensure that the data collected validates the participants intent (Creswell, 2013). The researcher emailed thanks message to each participant at the end of each interview session, and an opportunity was given for the interviewee to share additional information. The data collected from the interview was transcribed immediately after the interview. This was done to ensure the accuracy of the lived experience, and each interviewee was asked to review the contents of their recorded transcripts prior to the data analysis and interpretation taking place.

Data Analysis Plan

Creswell (2013) stated that the process of data analysis is quite complex because it requires organizing the data, coding, and interpreting data to gain meaning as the themes identified emerge. Colaizzi's phenomenological method was used to analyze the participants' transcripts. This method required the researcher to read over the data many times until an understanding of the lived experiences and the effectiveness of the research questions developed for this study are being answered. The Colaizzi technique of reading

over the transcript several times was used for accuracy. Because once themes were identified, a description was placed on the repeated statement in the responses to the research question about the experiences of treatment offered to adolescent SUD patients. In addition, each key informant was emailed a copy of their transcript for member checks for review to ensure accuracy in the interview data collected. The meaning was gained based on the statements that gleamed from the collected data. As themes emerged from the data, the information was included in the final descriptive report. Meadows and Morse (2001) stated that rigor for this methodology can be accomplished by applying the appropriate verification, validation, and validity.

For this study, the essence of capturing the key informant experiences with treating adolescent SUD patients were significant. The use of multiple methods to collect data ensured validation. Also, the use of field notes, interviews and the admission status of facilities on the DMHA database was used for data collection, and data analysis by treatment therapists and participants (Frankel, 1999; Meadows, & Moore, 2001). The first step of achieving validity was to ensure that verification standards were met, validating the literature selected for the study, making sure method guidelines were followed throughout the study, bracketing past experiences, taking good field notes (which were used during the study data analysis and for the completion of the results section), and having a sample size of treatment therapists suitable for reaching saturation of data through continuous interviews until responses become repetitive. Lastly, the researcher watched for issues that could cause harm or risk trustworthiness during this study.

For this study, ATLASti8© computer assisted qualitative data analysis software (CAQDAS) was chosen to manage the data collected from the key informant interviews. This qualitative data analysis software program enabled me to "collect, organize and analyze content from interviews" (Rudestam & Newton, 2015). The study researcher previously gained experience using the ATLASti8© software during a free trial session online. This software was user-friendly and compatible with many of the programs on my computer. Data was coded when entered into the computer, which allowed the researcher to look for themes, and meanings while placing the data into groups.

Issues of Trustworthiness

To establish trustworthiness in a social science research study the credibility, dependability, transferability, and confirmability must be achieved to ensure that confidence and rigor exist in a study (Lincoln & Guba, 1985). Trustworthiness is an element included in qualitative quality assurance, along with authenticity and sampling. To ensure credibility, triangulation and member checking were used. This study benefited from the use of multiple theoretical perspectives to assist with properly analyzing data collected related to SUD's. Member checking strategy was used by having the selected treatment therapist participants review the interpretation write-up of the information to ensure the capture of the participants intended meaning, or if adjustments were needed. Dependability was established in this study using triangulation and a research expert performs an audit trail to verify that the data is stable and current. Transferability and confirmability were accomplished for this study by using the strategy of different varieties of participants recruited for this study. The context of this study population and

the situation was deemed applicable. Lincoln and Guba (1985) noted that transferability is established because SUD's are related to other studies and findings. Confirmability was established because the researcher was the instrument used to collect data for this study, and control of biases that may influence the accuracy of this study. To control for this issue, memos and notes will be used for documentation during and immediately after the interview sessions.

Ethical Considerations

Due to the nature and sensitivity of substance misuse, there are ethical concerns that the researcher considered. There were no invested interests at sites selected to participate in this research study (Creswell, 2013). These issues were addressed by selection of sites that reduce the opportunity for a power struggle with the researcher and by contacting the proper authority to gain authorization to interview participants at each of the State Operated Facilities and Community Mental Health Centers. No personal information is provided from the interviewees, the Division of Mental Health and Addiction (DMHA), or the Family and Social Services Administration (FSSA) database. The only information provided is about the treatments offered at Indiana treatment facilities and admission statuses for each facility. There was no concern for confidentiality or data protection requirements to obtain SUD treatment data from the FSSA database. The information is made available to the public about state-operated facilities and community mental health centers, and there is no potential risk to human subjects.

It is important to understand standards and guidelines to make sure the research study is ethically grounded when working with human subjects (Sieber & Tolich, 2012). The five norms that Sieber (2012) recommended and used in this study to ensure that treatment therapists ethical were considered included: (a) validity of researcher, (b) competency of the research (c) beneficence of research (d) special populations, and (e) informed consent. To maintain the ethics of the pertinent data collected from key informant interviews special handling was adhered to. This study researcher prepared separate files for each of the treatment therapist participants which included transcripts, research notes, themes, and coding reference material. These individual files of the data collected throughout the data analysis process were kept in a locked file cabinet in my home office, which is also locked. Many levels were taken into consideration to secure and protect the information shared by the human subject. The data files stored on my personal home computer (laptop) and the data processed using ATLASti8© is password protected. ATLASti8© analyzed each line of data from the interview response, then each line is organized to provide meaningful clusters from data collected (Friese, 2014; Lewis, 2004). As themes emerge from the data, a code can be assigned and placed into categories which allows the researcher to identify information faster (Friese, 2014: Lewis, 2004). ATLAS ti8 memo and comment section allowed the researcher to update transcripts utilizing the notes recorded during the interview, to ensure accuracy. ATLASti8© software is most suitable for qualitative research studies because of the user-friendly features to "organize your text, graphic, audio, and visual data files, along with your coding, memos, and findings, into a project" (Creswell, 2013). Ethics are

maintained in this study by anonymity (concealment) to keep the documents secure from leaks of data. These data and relevant data are protected safely and then destroyed after 7 years from the completion date of this research study.

Petterson et al. (2018) noted that anonymity can be used to protect collected data by not including any recognizable personal information, and for future study, everyone on the research team and the participants should be required to sign nondisclosure of confidential information. The researcher found that the nondisclosure technique was appropriate because it keeps the documents secure, prevents mishandling of confidential information, and it reduces ethical concerns.

Summary

In this chapter of, this study researcher used a phenomenological methodological design to provide a comprehensive overview of the recruitment strategy, participants' experiences, and perceptions of treatment therapists. Data collection procedures and the data analysis plan discussed ethical considerations, trustworthiness, and potential biases, which were managed to strengthen the validity and reliability of this study. The methodology selected for this study was used in Chapter 4 to further discuss the themes and results from key informant interviews and relevant document reviews.

Chapter 4: Results

Introduction

The purpose of this study was to identify the most effective treatments for adolescent SUD patients as reported by treatment therapists. Treatment therapists who provide care for patients with SUDs might be key to determining what is working and important for treatment adherence. Patients and clients refer to adolescents receiving SUD treatment, as the patients who receive treatment services from treatment therapists. In this study the 23 treatment therapists are referred to as, key informants, caregivers, and providers. The lived experiences and perceptions of treatment therapists were explored through semi structured interviews. Both face-to-face and phone interviews were conducted. The researcher collected and transcribed the data immediately after key informant members checked and returned their transcriptions for accuracy. ATLASti8 was used to organize and manage the data collected as well as complete the data analysis. Seven key themes were identified which corresponded to the research questions developed for this study. Themes included, SUDs as a disease among treatment therapists, the importance of family involvement, patients turning to a higher power for strength, building trustful relationships between therapists and clients, geographical area and income status as associated with drug of choice, theory and treatment approaches identified by treatment therapists, and recovering within the period of time authorized by the client insurance agencies.

The phenomenological approach was used in this qualitative research study to answer the following research questions:

RQ1: What meaning do treatment therapists providing treatment to individuals diagnosed with SUDs ascribe to patients?

RQ2: What are treatment therapists' perceptions concerning treating SUDs effectively?

RQ3: How do treatment therapists for adolescents use their lived experiences about SUDs to develop courses of treatment for adolescent SUD patients?

This chapter presents information on the research settings, participant demographics, data collection and analysis process, evidence of trustworthiness, and results based on the findings of this study.

Setting

Interviews were conducted at 23 CMHC treatment facilities located throughout the state of Indiana. Indiana is divided into 92 counties and its 25 state-operated facilities are certified by the Indiana Family & Social Service Administration Division of Mental Health and Addiction. The target population consisted of treatment therapists who provided SUD care to adolescents and adults residing in Indiana. The CDC (2016) said there were 1,064 fatal drug overdoses among the 6.7 million people in Indiana.

Twenty-three treatment therapists from different CMHC treatment facilities who work with SUD patients were interviewed for this study. All participants completed the demographic sheet (see Appendix F) prior to the start of the interviews. Interviews were conducted in person or by telephone for approximately 40-60 minutes. Interviews took place within the participants' offices to offer privacy and eliminate interruptions. This environment allowed participants to answer research questions comfortably. Informed

consent forms were signed and returned by email messaging from each of the research participants of this study. Some forms were given at the start of the in-person interview sessions. Each participant member checked their transcriptions then emailed transcript changes to me to ensure accurate audio recording translation. Requested transcript modifications by the participant consisted of misspelled words and acronym definitions.

Presentation of the Findings

Demographics

This section presents the results of demographic characteristics of 23 CMHC treatment therapists at different treatment facilities interviewed for this qualitative study. The results are disseminated using tables. Table one illustrates information that participants provided by completing the demographic sheet (see Appendix F) and responding to the research questions during the interview session. Demographic characteristics include participants' gender, age range, race/ethnicity, treatment offered, and career fields of therapists employed at facilities as well as average years of experience. Participants were predominately Caucasian, Non-Hispanic, or Latino, between the ages of 36 and 61. These treatment therapists possess many different career fields and perform duties and responsibilities as therapists. Social work is the most prominent. The mean was 36.4 (SD = 255) years of experience among this group. These results indicate that treatment therapists in this age group showed longevity and dedication to providing treatment until retirement.

Table 1.

Study Demographic and Characteristics

	Frequency	**Percentage**
Gender of Participants		
Male	11	48%
Female	12	52%
Age of Participants		
25 - 35	5	21.74%
36 - 46	7	30.43%
47 - 61	8	34.78%
62+	3	13.04%
Racial/ Ethnicity		
African American/Non -Hispanic or Latino	2	8.70%
Caucasian/ Non-Hispanic or Latino	21	91.30%
Participants Career Field (Working as Therapist)		
Child Development Specialist	1	4.35%
Mental Health and Addiction Counselor	2	8.70%
Counseling Psychologist	2	8.70%
Licensed Mental Health Counselor	2	8.70%
Social worker	5	21.74%
Counseling and Human Services	2	8.70%
Chief Clinical Officer	1	4.35%
Assistant Director of Recovery Services	2	8.70%
Team Leader for SUD Patients	2	8.70%
Director of Addictions	4	17.39%
Age Groups	**# of Participants**	**Total Years of Experience/Average**
25 -35	5	38/ 7.6 years
36 – 46	7	255/ 36.4 years
47 – 61	8	170/21.25 years
62+	3	70/ 23.3 years

Data Collection

This study researcher was the instrument used to filter and explain the data based on perceptions and lived experiences. The bracketing process was used requiring the researchers to set aside beliefs and feelings to be more open to the phenomenon under study (Colaizzi, 1978; Streubert & Carpenter, 1999). Twenty-three therapists agreed to

participate in audio-recorded interview sessions. Eleven face-to-face and 12 phone interviews were conducted. A Sony handheld recording device and iPhone 8 for backup were used to ensure the data collected was not lost. In-person interviews took place at the CMHC treatment facility locations in the therapist private office space. Interviews conducted over the phone took place at my home office. Field notes were used to remind the researcher about the data collection experience during the interviews. Interview sessions lasted from 40 to 60 minutes.

Each participant's audio recording was transcribed into a separate Microsoft Word document. I transcribed each audio recording by listening to each of the sessions. Transcripts were emailed to participants for member checking. Participants were asked if the recordings were accurate. Eleven of the participants returned their transcriptions after member checking for accuracy. Treatment therapist participants only returned transcripts needing revision. The 11 transcripts that were returned only required revision to correct grammar or misspelled words.

The only variation was the change in the number of consented treatment therapist participants to collect data from for this study. After contacting each of the CMHC's in the state of Indiana, the list was exhausted, and 23 treatment therapists in 23 counties met the inclusion criteria of this study. One treatment therapist from another Indiana organization wanted to volunteer but was a declined because the therapist did not meet the criteria of working at an Indiana CMHCs and was excluded from the study by the researcher. Another CMHC treatment therapist wanted to volunteer but did not respond to the recruitment invitation after several attempts. The researcher ended each interview

session by thanking the participants and informing them that their verbatim transcripts will be sent for a review of accuracy.

Data Analysis

Colaizzi's (1978) phenomenological methodology was used to analyze the 23 treatment therapists' transcripts. This method suggests that the researcher read the transcript repeatedly to gain a sense of meaning from responses to the interview questions. The researcher uploaded the transcript into ATLASti8© computer software package. To examine the data, the researcher started by organizing the participants data. First, each of the interview transcripts was sorted by the research questions developed for this qualitative study. Each research question included at least three or four sub-questions (see Appendix G) to gain an in-depth meaning about the phenomenon for this study. Research question one was designed to generate meaning about the characteristic that therapist bring to treating patients diagnosed with SUD. Research question two was designed understand the therapist perception for treating SUD's. Such as method for communication and understanding the SUD as a disease. Research question three focused on the key informant lived experiences and the development of course employed at their facility.

To process and move inductively from coded units to categories and themes significant words, and statements, about the lived experiences and perceptions of participants providing treatment to client transcripts were repeatedly reviewed. The statements, phrases and collective themes emerged from the participant's interview transcripts. The meaning of these statements and quotations were clustered into themes.

Bias may exist because the sample selection did not accurately reflect every ethnicity of the target population. No Hispanic or Latino treatment therapists were selected to determine what works in treating adolescents of this population. Once the common quotations emerged from the many participants transcripts meaning was formulated. To examine the data, the researcher started by organizing the participants quotations into themes. The results provided an in-depth description of the phenomenon of this study thorough review of the data assisted with assigning description to each theme. For validation purposes of the findings for this study some of the participants were contacted again to confirm unclear statements, new data that emerged became a part of the description of the final results.

The researcher coded the data using ATLASti8© to sort the data into quotations with memos. The quotations were then categorized into seven themes under the categories of treatment therapists' lived experience and perceptions indicating for possible outcomes for adolescents at Indiana's treatment facilities. Themes included: The Importance of Building Trustful Relationships with Clients; Treatments and Therapeutic Approaches, Family Involvement; Substance Use Understood as a Disease, Turning to a Higher Power, Recovery with Time, and geographical area and income status as associated with drug of choice. These seven themes enabled the investigator to identify significant responses from the quotations found in the participants transcripts.

Rigor for this methodology was accomplished by applying the appropriate verification, validation, and validity (Meadows & Morse, 2001). Phenomenological features are well known and were used in this study to describe the meaning of lived

experiences (Creswell, 2013). These common features used in this study included: (a) the phenomenon being explored (experiences and perceptions of treatment therapists on the SUD's treatment programs offered to adolescents), (b) philosophical discussions (that determined the best phenomenology approach to use for the study), (c) bracketing (researchers personal experience with a phenomenon was discussed), (d) collection of data from participants having lived experience treatment therapists who offer treatment to adolescents with SUD's, (e) Data analysis completed (participants shared their experiences, and how they experienced the phenomenon), and (f) reflected on essence of the lived experience (research participants provided descriptive answers to research study questions).

Therefore, verification was obtained through the explorations of many relevant literature, adherence to the phenomenological methodology, bracketing my previous life experiences to eliminate and avoid bias, field notes, used appropriate sample size, negative case identification, and interviews continued until saturation was obtained (Frankel, 1999; Meadows, & Morse, 2001). For this study validation was obtained by using interviews, data analysis, member checks by treatment therapists, which also includes an audit trail for future reference. Lastly, validity is suggested through the overall outcome and trustworthiness, member checking step was used to ensure data analysis validity (Creswell, 2013).

Evidence of Trustworthiness

To establish trustworthiness in a social science research study the credibility, dependability, transferability, and confirmability must be achieved to ensure that

confidence and rigor exist in a study (Lincoln & Guba, 1985). Trustworthiness was obtained and included in qualitative quality assurance, along with authenticity and sampling. To ensure credibility, I use triangulation and member checks, and I was mindful not to persuade the participant responses by sharing other respondents answers to research questions. Member checking strategy was used by having the selected participants review the interpretation write-up of the information to ensure the capture of the participants intended meaning, or if adjustments were needed. Dependability was established in this study using triangulation and I had a research expert perform an audit trail to verify that the data is stable and current. Transferability and confirmability were accomplished for this study by using the strategy of different varieties of participants recruited for this study. In addition, many different counties located geographically throughout Indiana recruited to ensure sample representation. The context of this study population and the situation was deemed applicable. Lincoln and Guba (1985) notes that transferability is established because SUD's provide meaning to other studies and findings. Confirmability was established because the researcher was the instrument used to collect data for this study, and control of biases by bracketing lived experiences that may influence the accuracy of this study. To control for this issue memos and notes were used for documentation during and immediately after the interview sessions.

Results

For this research study, 225 quotations were extracted, from 23 verbatim interview transcripts. Meaning gain from these significant statements are expressed below in themes and supported by quotations from the participants transcripts. A total of

seven theme results are arranged to assist with understanding meaning from the responses. Themes include SUD understood as a disease among treatment therapists, the importance of family involvement; patients turning to a higher power for strength, building trustful relationship between therapist and client; geographical area and income status is associated with drug of choice, theory and treatment approaches identified by treatment therapists; and recovering with time makes a difference in treatment outcome. Below the themes are organized according to how they address the individual research question, and some themes are used more than once.

Research Question 1

RQ1: What meaning do treatment therapists providing treatment to individuals diagnosed with SUDs ascribe to the patients?

Treatment therapists shared significant experiences with treating SUD adolescent patients. Fifteen of the participants believe that it is a disease. The major theme that emerged for this research question is SUDs understood as a disease. Participants for this study had different experiences and perceptions about the meaning of SUDs as a disease. This was especially true base on difficulties faced when taking on the role as educators. Although the participants reported responses varied when addressing if SUD as a disease. The fact that the therapist responses with similar situations was evident that SUD is a disease that is treatable with the right strategies.

Theme: Substance Use Disorder Understood as A Disease Among Treatment Therapists

In this category, the participant responses provided meaning to their understanding that SUD is a disease that is tough to overcome, but there are positive signs for recovery. Participant 1 (2019) confirms: "So, often we continue to have debates over whether SUD is an addiction, a disease, or is it something that somebody cannot help, or is more their freedom of choice, and therefore SUD client chose not to discontinue use. "For some treatment therapists SUDs were found to be understood as a disease, with Participant 2 (2019) described:

Sometimes the hardest part of treating patient's is that they continue to relapse, relapse, and relapse. As a therapist, you keep shaking your head because you want them to be successful. But they are not ready to make that commitment to change yet. So, my beliefs don't change about it. It is a disease in the brain. It not a moral deficiency. A lot of people believe that it is, and they look at it like that and it's not, it is a disease. I correlated it to being diabetic. If your diabetic, you use medication, right, to get better? If you an opioid user, why would you want to misuse medication, if it was not helping? It is a disease. So, my beliefs don't change, but it does get frustrating from person to person.

Other participants understood SUDs as a disease, because of the struggles that clients experience with adhering to treatment, like Participant 19 (2019): "Well, you know some people would say addiction is an addiction, and I definitely don't buy into that. Because addiction, is not an addiction, it is a disease." Finally, SUDs could be understood based on the misused substance. Participant 20 (2019) stated, "if they or in

active use, we may recommend that they do residential treatment, if they are sober or early navigating sobriety, or if they have a history of long-term use, we may put them in the Matrix program."

Despite the many types of substance misuse, this factor is used as a means to determine the treatment plan, four participants mentioned of clients having beliefs that it is hard to end all substance misuse. Participant 14 (2019) said, " if it is alcohol dependence, sometimes it can mean life or death. It is a really critical part of the assessment to figure out where people are. Certainly, that true with other substance, but not all." Analysis of the meaning of SUD as a disease was identified as a theme that emerged from the interview transcripts.

Research Question 2

RQ2: What are the treatment therapists' perceptions concerning treating SUDs effectively?

The themes emerged from the data collected to answer this research question about the importance of family involvement, patients turning to a higher power for strength, and building trustful relationships with adolescents. Majority of the key informant's interviewed perceptions focused on treatments that worked well within the Indiana adolescent population.

Theme: Importance of Family Involvement

In this category nodes, participants cognitively (perceptive) presented the importance of involving family members in the SUD recovery process. Interviews revealed that all participants in this study agreed on the importance of having family

involved contributed to successful treatment outcomes. For example, Participant 20 (2019) stated, “I believe family integration is important. We try to get the family more involved.” Participant 17 (2019) said:

> *How we can improve treatment programs, would be to incorporate family more than we already do, especially with adolescents. And be able to get people to the facilities that they need. It is very difficult to hospitalize an adolescent, you got to drive at least 45 minutes from to get anywhere you going to get a patient. So, it is hard to do that, and we also have a psychiatrist that do medication-assisted treatments. Which is great and amazing to have psychiatrist to treat patients. Usually, it is hard to find a psychiatrist around here, it would be someone who drives in from outside this community. But I got someone who I am really worried about right now, and first available psychiatrist appointment in at the end of January. This is what happens all over the country, you have to wait for appointments.*

The contract to looking at family involvement as a way to increase SUD adolescents’ chances in recovery, Participant 9 (2018) said, “I think family member involvement would be amazing. We do encourage parents and family members to be involved in Al-Anon or Ala-teen, which focuses on alcoholism.”. She believes what is actually happening is, after the addict’s place so stress and negative behavior on their loved ones, it is evident, that getting the family involved in the treatment program become a struggle. In most cases the family want nothing to with the addict, just enjoy peaceful home, while the away receiving treatment. The response showed that using the

family to assist with building a foundation for adhering to treatment is a significant tool for positive treatment outcomes.

Theme: Patients Turning to A Higher Power for Strength

The interviews revealed that some participants for this study found this theme relying on a higher power as a tool to cope with graving from the addiction. Participants related a higher power to mean a call to God. In this theme, participants focused on the client who praises a spiritual source as a faith intervention for recovery. This means that the addict looks to God for help with overcoming struggles with substance use disorders (Hodge, 2011). For example, Participant 12 (2019) said:

> *Yes; absolutely; and I believe that God is a viable form of treatment. We referee individuals to faith-based interventions. Our facility is a community mental health center, and we don't provide faith-based services here; because of government funding we can't , but absolutely we have memorandums of understanding and linkage agreements with faith-based services providers.*

Some of the participants interviewed understand God as a higher power to give clients the strength to cope with SUDs, but this service was not fulfilled at many of the CMHC's. Several participants described a higher power as an intervention that clients use to self-treatment themselves. My overall analysis is, the participants shared their thoughts about the clients seeking a higher power, to end their fight with substance misuse. Some facilities support the use of spiritual interventions, and other treatment facilities did not, for one reason are another. As a Christian, my experience is, that God can meet people at

any point or situation in their lives, however most addicts are pulled away by the cravings for drugs, alcohol, and opioids misuse.

Theme: Building a Trustful Relationship with Adolescents

This theme focused on the treatment therapist participants understanding about the importance of establishing trusting relationships with their SUD adolescent patients. The absence of trust worthiness and the importance of building relationship during SUD treatment were addressed by some participants. The responses provide information to better understand the importance of establishing trusting relationships with SUD adolescent patients when first meet to improve chances for recovery and treatment adherence. For example, Participant 5 (2018) explained:

> *A strength of effective interventions is based on the clients trusting the treatment therapist. If there's no trust or rapport, the relationship is not there; we are not going to get anything out of treatment. But, if there is trust, when the client has a relapse, a full-blown relapse, they will not feel safe enough to come back and be honest, and say hey, I made a mistake, I need your help, because this treatment program is not working for me*.

"Trusting relationships between the therapist and the client was not only important for establishing open communication, but also for the road to recovery" (Participant 4, 2019). Therefore, the best analysis for this theme that emerged from the data collected from CMHC treatment therapists, is that gaining the clients trust is important and the catalyst to opening the doors to communication.

Research Question 3

RQ3: How do treatment therapists for adolescents use their lived experiences about Suds to develop courses of treatment for adolescent SUDs patients?

For this research question four themes emerged from the 23 treatment therapist participants transcripts which included, the importance of family involvement, theory and approaches identified by treatment therapists, recovering with time makes a difference in treatment outcome, and geographical area and income status determining drug of choice.

Theme: The Importance of Family Involvement

This theme emerged in research questions 2 and 3. Participant 20 (2019) described the lack of family involvement situation at his CMHC:

> *I family component is something that is usually missing. It is hard to get the family involved in SUD treatment programs. Although, SUD clients tend to better when family is involved in the rehabilitation, in most cases, the addict has ruined relationships, and the family and friends are tired and want a break from the chaos.*

The best analogy for theme on the importance of family involvement is based on the evidence found in this study transcripts from treatment therapist participants. The researcher believes that the support from family increases the success of SUD client recovery and adherence to treatment plans.

Theme: Theory and Treatment Approaches Identified by Treatment Therapists

This theme emerged with the focus on transcript quotations that addressed the theories and treatment approaches employed at the 23 CMHC treatment therapist. Like

Participant 7 (2019) said: “Yes; TTM is a wonderful tool used to treat SUD adolescents.” TTM stages of change is heavily relied upon at throughout the counties in the state of Indiana, and Participant 5 (2018) stated “Yes; I can’t think of a treatment case when the TTM model was not utilized at our facility.” Also, Participant 1 (2019) supported the use of TTM by say, “Yes: TTM is one of the guiding principles to how we approach mental health and substance use treatments within our organization.”

Analysis of the reasons for used of TTM and treatment approach as a relevant theme found in this study. dropping out of treatment identified four main themes from the interviews: All of the treatment therapist participants interviewed for this study confirmed that TTM was being used to guide treatments and interventions at their CMHC’s; and many of participants believed that the use of TTM was the best strategy used to treat adolescent with SUDs.

Theme: Recovering with Time Making A Difference in Treatment Outcome

In this theme, the 23 CMHC treatment therapists focused on pharmacological treatments offered within the client insurance coverage approved time period for care. SUD treatment therapists are required to design treatment plans and hoped for a miracle that the right treatment be applied within the time authorized by insurance agencies; ending results being lifetime sobriety and abstinence. For example, Participant 17 (2019) described this type of treatment as addicts recouping with a set time:

> *So, depending on how some views their problem, they may think well I just need to do these things and I will be fine. But different people or at different places in their recovery. Some people may think, all I need to do is stop using for a period*

> *of times, so that I can get off probation. Other people see a long history of being in trouble, and every time that I have been in trouble, I've been drunk. Maybe there is an issue there, and so people have different viewpoints about what the problem is. You must be pretty ecliptic and open to diverse ways of working with people. For some people you really have to establish a strong emotional connection, and they to understand that you care, and you want what best for the them. It is important to find out what is the patient goal for treatment.*

Other treatment therapists understood the theme recovering with time makes a difference as treatment plans being rushed. Like Participant 4 (2019) stated, "What's difficult is motivating people to change, when they are too far into the disease, it takes a while for shift of thinking to happen. Sometimes it takes repeated episodes of treatment before the SUD patient finally understand the harm." Therefore, in contrast, adolescents diagnosed with SUD is initially in fear and shocked, and when time is placed on treatment plans, it becomes the healer. This study researcher believes that based on the data collected, treatment therapist is placed in difficult situations and must become miracle makers, because time make a difference in the outcome of SUD adolescent treatment plans.

Theme: Geographical Area and Income Status

In this theme the 23-therapist focused on how the area in which SUD adolescents live and income status, has an influence on the drug of choice. For example, Participant 2 (2019) said:

> *There is nothing right now that very effective with treating metaphonies; which is a problem. As far as opioid, now we have suboxone, vivitrol, and you have*

> *methadone, used as a form of treatment. But there's limited research that I found that's effective treatment for meth. In west central Indiana and southern Indiana, we have a lot of Meth users. So, these individuals end up getting incarcerated, because of the lack of effective treatment. It really has to do with access to the different types of drugs, and the social economic status of these areas. Northern Indiana and southern Indiana have large issue with HIV, which stems from sex is being to pay for drugs . Well we don't have that issue in west central Indiana. Opioid are big on the eastern side of Indiana, and in the lake county area, and in Indiana counties down near Louisville, KY. Opioid is not necessarily a problem in western Indiana. So, it depends on the area, income status, and the preference of the addict. For example, SUD adolescent can afford oxycodone, but can't afford Heroin.*

In contract, this study researcher believe that it is evident that the geographical area and income has an influence on the drug of choice. Some of the participants shared stories about SUD adolescents stole their parent's prescription medication from the home. They see nothing wrong with it; and decided to try popping pills with friends. At the end of the study, the data collected provides evidence that, adolescent are curiosity and drug of choice is usually geared toward income status.

Research Question Summary

All seven themes that emerged from the data collected provided an answer to the research questions developed for this study. The treatment therapist participant's perceptions and experiences about the use of evidence-based courses of treatment

provided a better understanding for treatment employed at the 23 CMHC's. Treatment therapist used a combination of care. Patients benefit from both short and long-term courses of care. Some were identified as being least effective because they were too structured and at higher educational level of some the SUD adolescent patients. Treatment therapist for this study found it too complicated to understand. For this study research questions, the interconnected themes that emerged from the data included: family involvement, turning to a higher power for strength; SUD understood as a disease, importance of building a trustful relationship, and geographical areas, income status, and drug of choice.

The 23 treatment therapists who offer treatment to adolescent SUD clients focused on the outcomes of short and long-term interventions. Conflicts arise between existing research studies when attempting to answer questions to determine the most effective treatment. The researcher experienced similar issues in the responses from treatment therapists who participated in this study. It is perceived that the longer the SUD treatment, the better the chances for recovery. It became apparent that the type of substance misuse, income status, geographical area, family involvement, faith in a higher power, and individual misuse history are important factors that must be considered. Many of the participants agreed that these factors were connected to whether the adolescent treatment would end in a successful recovery.

Table 2 includes examples of significant statements as it relates to each of the research questions. The findings were gathered based quotations that emerged in the seven themes. The information explains how the 23 treatment therapists perceive

treatments and interventions to develop courses of care for adolescent struggling with substance use disorder disease. During the recruitment period, all 23 treatment therapists' experiences were confirmed as providers for SUD patients. Their experiences generated meaning for the statements retrieved from the transcripts. Each of the participants work experience varied between 3 and 41 years as a treatment therapist. Regardless of the amount of experience that they possess the finding showed similarity allowing seven themes to emerge from the exhausted collected data.

Table 2.

Paired Research Questions and Findings

Research questions	Findings
RQ1: What meaning do treatment therapists providing treatment to individuals diagnosed with substance use disorder ascribe to the patients?	Finding: Substance use disorder (SUD) is interpreted in different ways, such as individuals being someone who drinks and can't stop, or someone who abuses drugs and will not commit to staying clean. Most of the treatment therapists' interpretation of the meaning of SUD is understood as a disease, because of the damage it causes in individuals' lives (Substance Abuse and Mental Health Services Administration, 2018). It has been compared to eating disorders and diabetes. There are many misinterpretations about SUD which do not help with preventive behavior efforts.
RQ2: What are the treatment therapists' perceptions concerning treating substance use disorders effectively?	Finding: Results identified that motivational interviewing (MI) is the most effective intervention. Key informant's perception of treating SUD, show a need for cognitive behavior change experiences that may require multiple evidence-based intervention strategies. These include the patients gaining an understanding that they are powerless when it comes to substance addiction. Clients must look to family for support and have faith that God will deliver them from their struggles with substance. "Humble yourselves before the Lord, and he will lift you up" (James 4: 10).
RQ3: How do key informant for adolescent use their lived experiences about substance use disorders, to develop courses of treatment for the adolescent substance use disorders patients?	Themes: Theory and treatment approaches identified by treatment therapists, recovering with time makes a difference in treatment outcome, geographical area and income status determines drug of choice. A combination of evidence-based strategies may be required to obtain effectiveness. Regardless of the effectiveness of treatments continued research is needed (Serafini, Shipley, & Stewart, 2016)

Evidence-Based Interventions

Table includes treatments and interventions addressed by the 23 treatment therapists sampled from Indiana's state-operated CMHCs in 23 different counties.

Table 3.

Most Effective Intervention Offered Determinant

Interventions	**Offered Treatments/Approaches**
Coping w/Work and Family Stress	Participants at Facilities - 2, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 19, 20, 21, 22, 23.
Curriculum-Based Support	Participants at Facilities - 2, 7, 9, 12, 13, 14, 17, 20, 21, 22, 23.
Project Magic	Participants at Facilities - 2, 6, 7, 10, 11, 16, 17, 19, 20, 21, 22, 23.
Faith-Based Interventions	Participants at Facilities - 7, 10, 12, 21, 22.
Residential (non-Hospital)	Participants at Facilities - 2, 6, 7, 9, 11, 12, 19, 20, 21, 22.
Outpatient Treatment	This treatment offered at all the facilities of participants.
Hospital Inpatient	Participants at Facilities 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14, 15, 16, 18, 19, 21, 23.
Twelve Step-Based	Participants at Facilities 2, 3, 4, 5, 10, 11, 12, 13, 15, 16, 1, 21, 22.
Motivational Interviewing (MI)	**Clinical/ Therapeutic approach Offered at All Facilities**
Cognitive-Behavioral Therapy	Participants at Facilities 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 20, 21, 22.

Results revealed MI is used at every treatment facility and was identified as being the most effective. Cognitive-Behavioral Therapy and Hospital Inpatient were considered as relevant interventions for treating adolescents as well. Other treatments not addressed in this study or the Indiana Evidence-Based Treatment Guide include the Seven Challenges, Art Therapy, and the Moral Recognition Therapy (MRT). The 23 CMHC treatment therapy interviewed identified the most effective treatment offered to adolescent struggles with substance use disorders. The participants were employed at numerous treatment

facilities throughout the state of Indiana. Research on the treatment services was important for the researcher to look at evidence-based treatment approved by Indiana's FSSA. The participants' perspective and experience varied at the 23 different treatment facilities. The interviews took place in northern, southern, western, and eastern counties of Indiana. This strategy was used to obtain a quality representation of effective evidence-based treatments.

Summary

This chapter presented the themes that emerged from the data to answer the research questions. The data analysis and the findings from interviews were addressed. Insight was gained from the study phenomenon about the perceptions and lived experiences of treatment therapists who provide courses of care to SUD patients. Each of the findings was important for discussing treatment efficacies with therapist to learn of their perceptions about the interventions employed for SUD patients and the disease. Based on the findings of this study, the next chapter discusses interpretation, limitations, future research recommendations, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to identify the most effective SUD treatment by exploring the perceptions and experiences of treatment therapists providing treatment for adolescent patients. The study used a qualitative methodology with a phenomenological design to explore the use of evidence-based interventions employed at Indiana's state-operated facilities and CMHCs. These study findings revealed that MI as an intervention is working to increase successful outcomes when compared to other interventions offered at treatment facilities. Lastly, the results (see Table 3)indicated that MI is one of the most effective treatment intervention being used the most for the completion of CBT treatment.

This study addressed the following research questions:

RQ1: What meaning do treatment therapists providing treatment to individuals diagnosed with SUDs ascribe to the patients?

RQ2: What are treatment therapists' perceptions concerning treating SUDs effectively?

RQ3: How do treatment therapists for adolescents use their lived experience about SUDs to develop courses of treatment for the adolescent SUD patients?

Discussion

Interpretation of the Significant Findings

For this study, the (TTM was used to understand the effectiveness of treatments. The TTM integrates elements of Bandura's self-efficacy theory. The construct of TTM

and the SCT reflected the degree of confidence that individuals must possess to maintain their desired behavior change in line with the stages of change. The key focus of this study was to identify the most effective treatments offered to Indiana's SUD adolescent patients. The study did not limit the responses to determine which theory to connect to the treatments employed at the twenty-three counties CMHC facilities. The stages of change at which treatment therapists' participants perceived effective treatment take place, this question was asked only after the study SUD treatment therapist informed this study researcher that the TTM model was being used as a guide for treatment at each of the 23 counties CMHC's. The researcher had to be sensitive to weigh the information based on the TTM stages of change guidelines; there were, concerns that the 23 treatment therapist responses would result in identifying multiple effective treatment programs. However, the MI treatment strategy was clearly identified as the most effective intervention used by the 23 counties CMHC's. All the treatment therapists' responses indicated that TTM is used at each of the 23 CMHC's ; with MI as the most effective treatment being used in at the CMHC's in the state of Indiana. Fifteen of the participants identified the precontemplation stage as the stage in which treatment happens at their facility. The remind treatment therapist for this study stated that majority of the clients start treatment in TTM's contemplation stage, when the SUD adolescent patients are committed and engaged in their treatment plan.

Limitations of the Study

There were limitations associated with this study. Purposive sampling was used to generate rich data; however, due to the list of treatments and interventions identified in

this study, other successful interventions were not addressed in this paper. The self-selection of participants for this study could have possibly skewed the results because of the demographics of the participants confirmed to participate in this study.

In addition, there are limitations that I want to point out with the key informant interviews. The various levels of knowledge provided an in-depth understanding of the questions, but some treatment therapists may lack experience with working with SUD adolescents. Although most of the treatment therapists participants were eager to support the study, their schedules were busy during the holidays and phone interviews were scheduled as a convenience. Lastly, considering that interview duration time was 40–60 minutes, a few of the participants wanted to share more information than the questions required; however, this study researcher to tactfully start reading the next question.

Recommendations for Future Research

MI has been identified as the most effective intervention for treating SUDs. Future research should focus on assessing inventions designed to treat adolescents struggling with opioid misuse and therapists who only treat the adolescent population. Research that uses nonevidence-based interventions should also be considered to determine the effectiveness treatment programs. Indiana's Evidence-Based Practice Guide provided by the Division of Mental Health and Addiction and the Indiana Family & Social Services Administration is an excellent resource; however, it should be updated more frequently. More interviews with treatment therapists need to be considered because this study was heavily dependent on their responses to obtain a better understanding of interventions being used to treat adolescents with SUDs. This information was used to

reduce recidivism and explains how MI the most effective treatment strategy emerged from the data, offering recommendations for completing investigations regarding this area of study in the future.

Social Change Implications

Potential implications for positive social change include the opportunity to address the public health needs for increased education for treatment therapists regarding the disease nature of SUDs and the implication of evidence-based research in designing and implementing therapy programs for SUD patients. To better understand the effectiveness of substance abuse treatment programs, attention should be directed at how interventions are employed, measures used to obtain the results, course development, and the beliefs of the treatment therapist offering treatments to the SUD adolescent population. At the end, this study anticipates and has the potential of positive social change to address the stigma of stereotyping of SUD treatment through educational campaigns. This research extends ideas for future research regarding SUDs in the Indiana adolescent population, research specifically focused on therapists providing treatment to SUD adolescent patients and the involvement of family, as well as research on the public health burdens of illicit drug and opioid overdoses in the Indiana adolescent population. The respondents who shared their perceptions and responded defined SUDs as a disease might require additional research to change public health policies. Exploring the effectiveness of treatments was an opportunity to determine what is working. Reducing substance abuse and recidivism among the Indiana adolescent population may decrease the number of adults struggling with SUDs in the future. These treatment therapists that

serve as Indiana's therapist face adolescents struggling with SUDs and are more than willing to tell their invaluable stories. Further, this study may offer support that interviewing participants who provide services to SUD patients will generate meaningful discussions to facilitate collaboration among Indiana CMHCs as well as treatment facilities in neighboring states.

Conclusion

This study was based on the perceptions and experiences of 23 counties CMHC treatment therapist's backgrounds with providing treatment for Indian's SUD adolescent patients. The results indicate that MI is the most effective treatment intervention used to treat Indiana's SUD adolescent patients. This is a complex phenomenon as described in the literature. The 23 treatment therapists' participants suggest that more focus on understanding the importance of building trustful relationships, theories and treatment approaches, family involvement; turning to a higher power, and that geographical area and income status, determines the drug of choice.

The study results found a lack of treatment programs available to adolescents, insufficient health insurance coverage, lack of motivation among youth and parents attending treatment programs, inconsistencies between treatment program outcome, and the need for continuous government and educational policies and media campaigns. This study findings show a pattern of dedication on the behalf of the Indiana 23 counties CMHC treatment therapists to the SUD adolescent population. This study researcher has come to believe that both the treatment therapists and the SUD adolescent must develop a trusting relationship at the beginning of treatment to achieve sobriety and treatment

adherence. Clients are not totally cured after receiving treatment, but rather that neurotic behavior patterns are revealed through interventions such as MI and behavior changing steps.

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Appendix A: Permission to Use Figures 1 and 2

Figure Authorization Request

Greene, Marion S <msgreene@iu.edu>

Today, 9:28 AM

Good morning, Connie. You have our permission to use the graphs.

Best,
Marion

Marion S. Greene, PhD, MPH
Assistant Professor
Health Policy & Management
IU Richard M. Fairbanks School of Public Health at IUPUI
1050 Wishard Blvd. / RG 5192
Indianapolis, IN 46202
(317) 278-3247
msgreene@iu.edu
https://fsph.iupui.edu/

Reply all

Yesterday, 8:58 PM

msgreene@iu.edu

Dear Marion Greene, MPH, Ph.D.,

My name is Connie J. Rendleman a doctoral student in the Walden University Public Health Ph.D. degree program. I am requesting permission to use figures 1A and 3A of the Indiana University - Purdue University Indianapolis (IUPUI) Center for Health Policy article Substance Abuse Trends in Indiana: A 10-Year Perspective.

The citation for this article is:
Balio, C. and Greene, MS. (2017). Substance Abuse Trends in Indiana: A 10-Year Perspective. Published by The Center for Health Policy at the IU Richard M. Fairbanks School of Public Health, Indianapolis, IN.

The figures I am asking to use appears are on P. 3 and P. 5 and are titled as figure 1A, Percentage of Indiana residents ages 12 and older engaging in past-month use of alcohol, tobacco, and marijuana (NSDUH, 2006-2015). Figure 3A, Indiana Percentage of Treatment Episodes by Primary Substance Reported at Admission (TEDS, 2005-2014), and SAMHSA 2014, 2017 listed as the data sources.

This information will be utilized to support Chapter 1 of my dissertation under the introduction of the study discussion. If you agree, please respond to this email as a copy. It will be listed in the appendices section of the dissertation as permission received. I am requesting that you expedite your response as it is time sensitive. The article will be cited appropriately using APA format.

Thank you in advance.
Best,
Connie J. Rendleman
Cellular Phone: xxx-xxx-xxx

Appendix B: Recruitment Invitation Letter

RESEARCH STUDY INVITATION LETTER

Experiences and Perceptions of Staff Providing Substance Abuse Disorder Treatment for Adolescents

I am writing to invite you to take part in the research study which I am carrying out to find out which type of treatments offered are most beneficial to help patients who have been diagnosed with substance use disorders. The purpose of this research study is to identify the most effective treatments within the state of Indiana. Treatment therapists are significant in understanding the adherence to treatment. This research study is being done to complete my Walden University dissertation and will be used to explore information about the essence of the similarities between the key informant experiences and perceptions. Therefore, I am looking for treatment therapists at local Community Mental Health Centers in Indiana to share insight into the topic of substance use disorder treatment.

Key Informant includes:

- A therapeutic staff member who employs treatment
- Someone who takes part in making decisions for courses of treatment offered at the facility
- Someone who currently provides treatment to diagnosed Substance Use Disorder (SUD) patients
- Must have served in this role for at least 2 years.

Should you choose to participate, you will be asked to:

- Participate in an audio-recorded interview session that is expected to last between 45 minutes to 1 hour.
- Member checking (also known as participant or respondent validation, is a technique for exploring the credibility of results. Data or results are returned to participants to check for accuracy and resonance with their experiences.

Researcher responsibilities for this study:

- Your identity will remain confidential and privacy will be maintained.
- Responses will not be linked to participants, only to the treatment facility.
- Issuance of a $15 Walmart gift card as an incentive for participation will be provided to you at the end of the interview session.

If you are still interested in participating in this research study, contact the researcher for more information. Please call Connie J. Rendleman at (xxx) xxx-xxxx, to start the research process or to discuss any questions that you may have.

Appendix C: Emails to Potential Partner Organizations

Date (MMDDYYYY)

Dear (Site Informant's Name),

My name is Connie J. Rendleman, I am a doctoral student in Public Health at Walden University. I am writing to request permission of the (Partner Organization Name) to conduct the research study titled, "Experiences and Perceptions of Staff Providing Substance Abuse Disorder Treatment for Adolescents." The purpose of this qualitative phenomenological research study is to identify the most effective treatments within the state of Indiana. Treatment therapists are significant in understanding the adherence to treatment. For this study, treatment therapists are defined as a therapeutic staff member who employ treatment or someone taking part in the decision making for courses of treatment offered at each of your facilities. This research will be used to explore information about the essence of the similarities between the key informant experiences and perceptions. Their perspectives about drug use and abuse may assist in determining which treatments and courses to employ, the relevant interventions available in the state of Indiana, and to develop an assessment of the most effective interventions used by Community Mental Health Centers.

Recruitment will include contacting staff by telephone to complete eligibility criteria screening. The researcher will schedule an appointment to complete the consent process and the interview. Informative email messages will be sent, along with the researcher email address and phone number for returned responses and brief communication to schedule interviews. Each potential participant will be contacted

within the next month, and all on-site research activities should be completed by December 15, 2018.

Therefore, if your organization decide to support in the completion of this study, I am requesting site approval and that you provide: the best time to communicate with participants, permission to enter the facilities at the designated scheduled interview times and a list of potential participants at each of the different geographical locations that fall under the (Partner Organization Name). Only one (1) participant from each location will be recruited and needed for this study. Each interview session will take between 40 minutes to 1 hour, a 15 to 30-minute member checking (participants review the typed transcript of their responses to the interview questions), and your office will be provided a copy of aggregate results. If there are any questions, please call (xxx) xxx-xxxx.

Best Regards,

Connie J. Rendleman

Appendix D: Letters of Cooperation and Site Agreement

Date (MMDDYYYY)

Dear (Site Informant's Name),

My name is Connie J. Rendleman and I am a doctoral student in Public Health at Walden University. I am writing to request permission of the Community Mental Health Center to conduct research at the Bowen Center for research study, "Experiences and Perceptions of Staff Providing Substance Abuse Disorder Treatment for Adolescents."

I plan to recruit treatment therapists by telephone during the day, email messages will be sent out of information, along with the researcher email address and phone number for returned responses and brief communication to schedule interviews. My plan is to contact each potential participant within the next two to three months. Request that your office provide information regarding the best time to communicate with participants for use in this research project. All on-site research activities should be completed by September 1, 2018.

I further request permission to enter the facility for interview sessions and observations at the times designated by your Human Resource office. Each interview session will take between 40 to 60 minutes, and your office will be provided a copy of aggregate results.

If there are any questions, please call (xxx) xxx-xxxx.

Best Regard,

Connie J. Rendleman

Appendix E: Community Partner Organization Approvals

Notification of Approval to Conduct Research

IRB <irb@mail.waldenu.edu>
Thu 12/6/2018, 2:28 PM
Connie Rendleman; IRB; Shuey J. Schumaker

Reply all

Inbox

You forwarded this message on 12/10/2018 4:56 PM

Dear Ms. Rendleman,

This email confirms receipt of the letter of cooperation for Otis R. Bowen Center and also serves as your notification that Walden University has approved BOTH your doctoral study proposal and your application to the Institutional Review Board. As such, you are approved by Walden University to conduct research with Otis R. Bowen Center.

Please note, documentation from the other community partner(s) will need to be submitted to and confirmed by the Walden IRB before you may begin data collection with those additional sites.

Congratulations!

Bryn Saunders
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: http://academicguides.waldenu.edu/researchcenter/orec

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From: IRB <irb@mail.waldenu.edu>
Sent: Monday, December 17, 2018 4:59 PM
To: Connie Rendleman
Cc: IRB; Shuey J. Schumaker
Subject: Confirmation of Receipt of Community Partner Approval

Dear Ms. Rendleman,

This email confirms receipt of the letter of cooperation for **Regional Health Medical Center**. As such, you are hereby approved to conduct research with this organization. Please note, documentation from the other community partner(s) will need to be submitted to and confirmed by the Walden IRB before you may begin data collection with those additional sites.

Congratulations!

Bryn Saunders
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:
http://academicguides.waldenu.edu/researchcenter/orec

Confirmation of Receipt of Community Partner Approval

IRB <irb@mail.waldenu.edu>
Wed 1/2, 2:18 PM
Connie Rendleman; IRB; Shuey J. Schumaker

Reply all

Inbox

Dear Ms. Rendleman,

This email confirms receipt of the letter of cooperation for **Community Mental Health Center**. As such, you are hereby approved to conduct research with this organization. Please note, documentation from the other community partner(s) will need to be submitted to and confirmed by the Walden IRB before you may begin data collection with those additional sites.

Congratulations!

Bryn Saunders
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: http://academicguides.waldenu.edu/researchcenter/orec

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From: IRB <irb@mail.waldenu.edu>
Sent: Wednesday, January 9, 2019 1:38 PM
To: Connie Rendleman
Cc: IRB; Shuey J. Schumaker
Subject: Confirmation of Receipt of Community Partner Approval

Dear Ms. Rendleman,

This email confirms receipt of the letter of cooperation for **Meridian Health Services**. As such, you are hereby approved to conduct research with this organization. Please note, documentation from the other community partner(s) will need to be submitted to and confirmed by the Walden IRB before you may begin data collection with those additional sites.

Congratulations!

Bryn Saunders
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:
http://academicguides.waldenu.edu/researchcenter/orec

Confirmation of Receipt of Community Partner Approval

IRB <irb@mail.waldenu.edu>
Fri 1/11, 3:13 PM
Connie Rendleman; IRB; Shuey J. Schumaker

Reply all

Inbox

Dear Ms. Rendleman,

This email confirms receipt of the letter of cooperation for **Hamilton Center**. As such, you are hereby approved to conduct research with this organization. Please note, documentation from the other community partner(s) will need to be submitted to and confirmed by the Walden IRB before you may begin data collection with those additional sites.

Congratulations!

Bryn Saunders
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: http://academicguides.waldenu.edu/researchcenter/orec

Confirmation of Receipt of Community Partner Approval

IRB <irb@mail.waldenu.edu>
Thu 1/10, 2:08 PM
Connie Rendleman; IRB; Shuey J. Schumaker

Reply all

Inbox

Dear Ms. Rendleman,

This email confirms receipt of the letter of cooperation for **Indiana Mental Health Center Inc.**. As such, you are hereby approved to conduct research with this organization. Please note, documentation from the other community partner(s) will need to be submitted to and confirmed by the Walden IRB before you may begin data collection with those additional sites.

Please note that we received the email thread for Northeastern Center Inc., however, the electronic signature needs to be verified. Per Walden's electronic signature policy, please either A) resubmit the letter of cooperation for Northeastern and cc the signer of the letter of the email of B) have the signer of the letter send the letter directly to the IRB.

Congratulations!

Bryn Saunders
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: http://academicguides.waldenu.edu/researchcenter/orec

Confirmation of Receipt of Community Partner Approval

IRB <irb@mail.waldenu.edu>
Wed 1/16, 2:56 PM
Connie Rendleman; IRB; Shuey J. Schumaker

Reply all

Inbox

Dear Ms. Rendleman,

This email confirms receipt of the letter of cooperation for **Community Howard Regional Health**. As such, you are hereby approved to conduct research with this organization. Please note, documentation from the other community partner(s) will need to be submitted to and confirmed by the Walden IRB before you may begin data collection with those additional sites.

Congratulations!

Bryn Saunders
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: http://academicguides.waldenu.edu/researchcenter/orec

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From: IRB <irb@mail.waldenu.edu>
Sent: Friday, January 18, 2019 12:52 PM
To: Connie Rendleman
Cc: IRB; Shuey J. Schumaker
Subject: Confirmation of Receipt of Community Partner Approval

Dear Ms. Rendleman,

This email confirms receipt of the letter of cooperation for **Northeastern Center**. As such, you are hereby approved to conduct research with this organization. Please note, documentation from the other community partner(s) will need to be submitted to and confirmed by the Walden IRB before you may begin data collection with those additional sites.

Congratulations!

Bryn Saunders
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:
http://academicguides.waldenu.edu/researchcenter/orec

Confirmation of Receipt of Community Partner Approval

IRB <irb@mail.waldenu.edu>
Thu 1/24, 2:22 PM
Connie Rendleman; IRB; Shuey J. Schumaker

Reply all

Inbox

Dear Ms. Rendleman,

This email confirms receipt of the letter of cooperation for **Edgewater Systems, Balanced Living, Knox County Hospital, & Wabash Valley Alliance Inc**. As such, you are hereby approved to conduct research with these organizations. Please note, documentation from the other community partner(s) will need to be submitted to and confirmed by the Walden IRB before you may begin data collection with those additional sites.

Please note that you need to wait to obtain consent **after** Walden IRB has confirmed receipt of the letter of cooperation and approved you to conduct research at the organization. Further, signed consent forms should NOT be submitted to the IRB as you need to keep participant's information confidential. Please ensure that moving forward, you refrain from obtaining consent until after you are approved to conduct research at an organization and that you refrain from sending signed consent forms to the IRB.

Congratulations!

Bryn Saunders
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: http://academicguides.waldenu.edu/researchcenter/orec

Confirmation of Receipt of Community Partner Approval

IRB <irb@mail.waldenu.edu>
Wed 2/6, 2:46 PM
Connie Rendleman; IRB; Shuey J. Schumaker

Reply all

Inbox

> You replied on 2/6/2019 2:48 PM.

Dear Ms. Rendleman,

This email confirms receipt of the letter of cooperation for **LaPorte County Comprehensive Mental Health Council, Inc**. As such, you are hereby approved to conduct research with this organization. Please note, documentation from the other community partner(s) will need to be submitted to and confirmed by the Walden IRB before you may begin data collection with those additional sites.

Congratulations!

Bryn Saunders
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: http://academicguides.waldenu.edu/researchcenter/orec

Appendix F: Participant Demographics Sheet

1. What is your gender? _____

2. How many years have you practice medicine or provided treatment? _____

3. What is your career field of study? _____

4. What is your racial/ethnic background?

    - Hispanic or Latino
    - Not Hispanic or Latino
        - White
        - African American
        - Asian
        - American Indian
        - Alaska Native
        - Native Hawaiian
        - Pacific Islander
        - Some Other Race

5. What is your age range?

( ) 25-35 ( ) 36-46 ( ) 47-61 ( ) 62+

Appendix G: Interview Protocol

Thank you (Name) for participating in this interview. My name is Mrs. Connie J. Rendleman, and I am a public health doctoral student at Walden University. I am conducting this interview as a requirement for my dissertation research study. This interview should take approximately 40 to 60 minutes.

Do you give me the permission to record this interview?

The purpose for this research study is to identify the most effective treatments for substance use disorder among the adolescent population. Keep in mind that you can discontinue answering questions or participating at any time, and this interview will be stopped. Privacy measures are in place to protect your personal information throughout the data collection process. Your information will be kept confidential. Data transcripts with identifiers redacted will be shared with my university faculty during analysis. You signed the Informed Consent and have been made aware of the Institutional Research Board (IRB) guidelines. The exact verbiage from each participant is required according to the IRB's Research Office of Compliances. IRB standard will be adhered to according to the Consent Form recently accepted by the Institutional Review Board.

It is important to learn more about substance abuse disorders from treatment therapists who provide the treatment, which might be key to understanding the effectiveness of treatments offered to adolescents. The questions are open-ended to allow you to share information about your lived experiences and to provide meaning to your responses. Okay, let's get started with the interview.

The following research questions are used to guide this qualitative study:

Q1: What meaning do treatment therapists providing treatment to individuals diagnosed with substance use disorder ascribe to the patients?

What do treatment therapists do when provide treatment?

What don't treatment therapists do?

What does a person do who exemplifies the term key informant or care-provider?

What is difficult or easy when you take on the role as an educator?

How or when did you first become aware of being a treatment provider for substance use disorders patients?

Q2: What are the treatment therapists' perceptions concerning treating substance use disorders effectively?

How do treatment therapists and their adolescent patients communicate their understanding of substance use disorders?

Tell me about how your understanding is different from that of illicit drugs misuse and alcoholism misuse?

How do your beliefs about treating the SUD disease vary from patient to patient?

How have patient treatment myth, stories or other forms of treatment shaped your beliefs about treating the SUD disease?

Q3: How do key informant for adolescent use their lived experiences about substance use disorders, to develop courses of treatment for the adolescent substance use disorders patients?

What evidence-based course of care does your facility offer to treat

adolescents SUD patients? If any?

How do you use evidence-based short and long-term course of care?

How do you use a combination of short and long-term course of care?

How has the choice of treatments of this facility benefited SUD patient and their key informant from your past and present experiences?

Which approved evidence-based treatment do your facility offer to treat adolescents SUD patients?

In developing your course of care, what has been least effective in your work with adolescent SUD patients and their treatment providers?

Why do you think that the chosen course of treatment was least effective?

What improvements to the course of treatment could have should been modified to make it more effective?

Appendix H: Thank You Letters to Treatment Therapists

Date (MMDDYYYY)

Dear (Key Informant's Name),

Thank you for participating in the experiences and perceptions of staff providing substance abuse disorder treatment for the adolescents. This research study is used to identify the most effective treatment. Your willingness to answer the many questions during the interview session is appreciated. Your response to this research provides information about treating the substance use disorder disease.

The goal for this research design explores treatment therapists' experiences because you often see addicts more hours than primary care providers. Recent research studies indicate that treatment therapists as a source of information, are significant in understanding the adherence to treatment. It is hopeful that this research will provide information that is beneficial to help patients and treatment therapists in the future, by documenting effective treatments and resources employed at treatment facilities in different Indiana's geographical areas. If you have questions or concerns, contact me immediately at (xxx) xxx-xxxx. Once again, thanks for your participation in this research study.

Very Respectfully,

Connie J. Rendleman

Appendix I: Emails for Member Checks

Date (MMDDYYYY)

Dear (Key Informant's Name),

Thanks for your participation in the Experiences and Perceptions of Staff Providing Substance Abuse Disorder Treatment for Adolescents. Your contributions informed the outcome and assisted significantly in this research study. The use of member checking ensures that the attached transcript validates the participants intent. Review the transcript for the accuracy of your shared experiences. Use the Microsoft Word track change feature when making corrections to the text. Return transcripts no later than XX, XX, 2019. All transcripts will be analyzed removing identifying information. No details will be included to reveal the identity of any research participant. Contact me immediately if you have questions or concerns. Thanks for your time and consideration.

Very Respectfully,

Connie J. Rendleman