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Substance Use Disorder: Parent Support Group

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Doctoral Capstone Project and Experience

Abstract

The focus of this 14-week capstone project revolved around program development and implementation of a parent support group through Wedgwood Christian Services for parents who are raising adolescents who were struggling with substance use disorder (SUD). Very little is known regarding interventions available to support affected parents to cope with the high stress that comes with navigating the waters of raising a teenager with SUD. The purpose of this project was to improve mental health, family dynamics, and overall quality of life for the affected parents who attended the support group once a week for four weeks. Evidence of stress reduction, improved mental health, and strengthened parent and teenager relationships were obtained through the Parent Stress Scale and a self-created feedback survey. Results indicated that stress levels were reduced after the four-week trial and parents reported increased levels of confidence while navigating their future relationship with their teenager.

Introduction

As it is stated in the Occupational Therapy Practice Framework, occupational therapist practitioners focus on not only daily occupations of a client, but the variety of factors that serve as a barrier for engagement and participation in positive health-promoting occupations (American Occupational Therapy Association, 2020). Therefore, common stressors resulting from caring for a teenager with SUD can negatively affect a parent's occupations such as social and emotional health promotion and maintenance, sleep, self-care, and leisure (American Occupational Therapy Association, 2020).

During the capstone project experience, the capstone student was able to offer the knowledge and skills as an occupational therapy doctorate student by implementing interventions based on psychoeducation, the Family Systems Support Model, the Psychodynamic Model, and the Model of Human Occupations (MOHO). The student then provided applicable resources, exercises, and activities to the participants of each group for

continued support to use at home in order to improve the understanding of mental health and comorbidities, communication skills, self-care, setting personal boundaries, and healthy helping vs enabling (see Appendixes E, F, G, H, and I). The participants consisted of six parents whose teenagers were receiving rehabilitation services through Wedgwood Christian Services for SUD. Wedgwood Christian Services provides residential care, social and counseling services, and community programs regarding mental health and behavioral health for children, teenagers, families, and adults. The substance use disorder and treatment department is managed by the site's clinical supervisor, Ashley Constantine, LLPC, CAADC. The capstone student was able to develop a mentor/mentee relationship for guidance throughout the 14-week experience. The capstone mentor provided the student with available educational resources to utilize during development and implementation for each weekly session, guidance on how to communicate with on-site staff, and connections to families and parents of teenagers receiving treatment through Wedgwood.

Literature Review and Gap Analysis

A large number of studies have shown that parents of adolescents suffering from substance use disorder are often blamed and stigmatized for their teenager's substance use. Research has also shown these parents do not realize the negative impacts that can develop. These negative impacts include family dysfunction and conflicts, increased mental health issues, disruptions of daily routines, and reduced quality of life and social adjustment (Di Sarno et al., 2021). Therefore, the affected parents are often deprived from much needed support, leaving them feeling socially isolated and hopeless (Di Sarno et al., 2021). The average time taken by parents to seek support after discovering about their teenager's substance use problem is 2.6 years (Sarkiyama et al., 2014). The most common reasons reported by the affected parents for delay of seeking support include: the belief that the problem was impermanent and would resolve on its own, not

knowing where to search for help, or that the adolescent misusing would not allow the affected parents to seek support (Sarkiyama et al.,2014). Professionals from a study conducted by Copello et al. (2009), reported consistent and positive changes for parents who received support through primary care interventions. The results described the parents as “happier, more confident, more assertive, less anxious or depressed and/or eating better or smoking less” (Copello et al., 2009). A common gap within the literature included the fact that little is known regarding interventions available to support affected parents to cope with the high stress (Ameral et al., 2020). Therefore, developing a support group with effective interventions for parents at Wedgwood Christian Services is imperative. This program development will benefit all parties involved by positively impacting family dynamics and relationships, mental health, and quality of life.

Substance Use Disorder

Substance use disorder (SUD), can be defined as “a mental disorder that affects a person’s brain and behavior, leading to a person’s inability to control their use of substances such as legal or illegal drugs, alcohol, or medications” (National Institute of Mental Health, n.d.). Several studies have shown that adolescents who use nicotine have an increased risk for alcohol and drug use disorders (Groenman et al., 2013). Many of these studies suggest that nicotine use can be a gateway to other drugs in typically developing children (Groenman et al., 2013). A study by Behrendt et al. (2008) examined the risk and speed of transition from first use of substances such as nicotine, alcohol, and cannabis in adolescents to SUD as a function of age of first use. This study found that early use of all three substances is associated with high risk of SUD and later use of all three substances is associated with a more rapid progression to SUD (Behrendt et al., 2008). Therefore, these findings from both studies suggest that substance use of legal or illegal drugs such as nicotine, alcohol, and cannabis during adolescence can lead to increased risk for developing SUD. Unfortunately, Groenman et

al. (2013) and Behrendt et al. (20018) narrowed their findings to a select few specific drugs and gender, prioritizing males over females. Although, both studies found a strong correlation between risk factors associated with SUD in adolescents. Groenman et al. (2013) also focused their study on mental health as it relates to SUD risk potentials by using participants diagnosed with attention deficit hyperactivity disorder (ADHD), whereas Behrendt et al. (2008) did not. Therefore, future studies should identify moderators and mediators in adolescents, such as mental health disorders, affecting differential associations.

Mental Health and Comorbidities

Mental health can be defined as one's psychological, emotional, and social well-being which affects how one thinks, feels, and acts (MentalHealth.gov, 2022). An individual's mental health determines how they handle stress, relationships, and choices (MentalHealth.gov, 2022). Behrendt et al. (2008) emphasizes the importance of mental health in correlation to risk development of SUD. It was shown that participants with ADHD were at higher risk for developing SUD and nicotine dependence compared to healthy controls (Behrendt et al., 2008). Many severe problematic outcomes are associated with SUD in adolescents, such as illegality and violence (Di Sarno et al., 2021). Therefore, they require assistance for management of their lives and support from family members and parents (Di Sarno et al., 2021). Unfortunately, these affected parents are shown to have increased stress-strain, leading to impaired mental health (Di Sarno et al., 2021). Di Sarno et al. (2021) found that 50-80% of affected parents demonstrated negative mental health outcomes such as depressive symptoms, anxiety, loss of sleep, and suicidal thoughts. These findings strongly indicate a need for support and interventions from health-care providers. As reported by Vederhus et al. (2019), addiction is a major health stressor for family members and parents which represents an under-researched area. By helping families understand codependence and its

consequences, affected parents can enhance quality of life and improve their mental health status, social well-being, leading to their adolescents suffering from SUD to become more motivated for treatment (Vederhus et al., 2019). Due to limitations, future researchers should continue to find evidence that suggests how healthcare providers and policy makers should anticipate the psychosocial, geographical and financial barriers that affected family members and parents can encounter when seeking support (Vederhus et al., 2019).

Support Groups and Interventions for Substance Use Disorder

Support groups provide the affected parents the opportunity for them to share personal experiences, feelings, and coping strategies (Mayo Clinic, 2020). A total of 500 participants within a study conducted by Sakiyama et al. (2014) completed a questionnaire asking questions relating to length and time taken to seek support, as well as where they sought the support. Results showed the average time of 2.6 years and 35.8% of participants indicated that they first went to healthcare professionals, while 33% of participants indicated that they sought help through support groups (Sakiyama et al., 2014). Therefore, these findings demonstrate that seeking help can be difficult for affected parents because most of them do not know who to turn to for the necessary support. Once sought out, support can benefit parents in many ways. A study conducted by Skeer et al. (2022) will potentially provide significant contributions to the gaps within the literature relating to innovative approaches to interventions. Interventions in support groups should be designed to reduce participant burden, stress-strain, and improve parent-child engagement and communication (Skeer et al., 2022). Henricson & Roker (2000) emphasized how most remedial programs have focused on the adolescent and only a select few adopt a family systems support model. Utilizing a family systems support model can provide successful outcomes by improving the family system environment for all its members (Henricson & Roker, 2000). Through utilization, many

family members and parents report increased awareness of the nature and extent of their teenager's misuse, increased acknowledgement of the teenager's own needs, rights, and expectations, and reduction in stress symptoms (Copello et al., 2009). Once again, Skeer et al. (2002) and Henricson & Roker (2000) focus on the gap within the literature, highlighting the need for family and parent support for those affected by their loved one's SUD. Both studies stress the important issues that need to be addressed and provide an initial framework for future research to build on.

Conclusion

In conclusion, development of a parent support group and utilization of proper interventions for affected parents at Wedgwood Christian Services is essential for improving family dynamics and relationships, mental health, and quality of life for all parties involved. After thorough research, types of interventions proven to make an impact include psychoeducational, social and group support. Effective interventions can help affected parents better manage stressors and levels of burden (Di Sarno et al., 2021). The health benefits for these families can potentially improve the community and healthcare system as a whole (Di Sarno et al., 2021). In relation to societal benefits for adolescents involved, interventions can also benefit teens, resulting in more effective and less costly treatments (Di Sarno et al., 2021). Therefore, program development of a parent support group at Wedgwood Christian Services and utilization of effective and researched interventions will positively impact families struggling with relatives suffering from SUD.

Needs Assessment

This project allowed the capstone student to provide education to parents and Wedgwood staff regarding the health benefits that the parents can obtain in order to better maintain stressors and levels of burden that the parents experience on a daily basis with their

teenager(s). At the beginning of the four-week trial, the capstone student requested for the parents to fill out a self-created interest survey to give the parents the ability to share ideas, expectations, and to express specific topics that they would like to discuss or learn more about during the next three sessions (see Appendix A). The results from this survey indicated that many parents had similar interests in discussing and learning more about mental health, strengthening communication skills with their teenager(s), improving family conflict and self-care, setting boundaries, and helping vs enabling poor behavior and substance usage. By improving health management of the affected parents through the support group sessions, the hope was for results to also benefit the teenagers both mentally and emotionally, resulting in more effective treatment and decreased risk for relapse.

Objectives Achieved during the Capstone

During the start of this project, the capstone student created five objectives as a breakdown strategy to reach the end goal. The student's plan was to increase self-knowledge on SUD, recruit participants for the four-week group sessions, provide educational resources, weekly curriculum and occupational therapy evidence-based interventions, and to educate Wedgwood staff on how to sustain and continue the implemented program for future sessions. The student was able to meet all five objectives by the end of the capstone experience and therefore, fill the gaps identified within the literature (see Appendix K).

Implications of Capstone

There are multiple benefits to participating in a support group, especially for parents who are feeling the negative effects of caregiver burden from raising a teenager with SUD. The role of an occupational therapist in substance abuse is to work with individuals to assist them with finding their strengths, barriers, interests, and values to improve quality of life and to decrease risk for relapse (American Occupational Therapy Association, 2020). While occupational therapists work with the individual to identify and replace unhealthy activities with healthy

activities, they can also work with the families involved through intervention to strengthen relationships and family dynamics (American Occupational Therapy Association, 2020). Interventions can include family group therapy, one-on-one, or support groups.

During recruitment for participants, the capstone student created and sent out an informational flyer (see Appendix J) via mail and e-mail to the potential participants. The goal was to build rapport with those parents who were interested in attending prior to when the sessions began. Therefore, the capstone student called each participant individually over the phone which allowed the student the ability to gain more information regarding expectations for deliverance of the curriculum. At the beginning of the first session, the parents were required to fill out a Group Rules and Confidentiality Contract (see Appendix D) to increase comfortability for the participating group members. The four-week support group program allowed parents to connect with other parents who were going through similar experiences and situations in a safe and confidential environment. This connection allowed them to be vulnerable enough to share hardships that they had believed outside parents could not relate to nor understand. Providing psychoeducation to the members of the group improved and strengthened the relationships and communication styles between them and their teenagers, and increased their ability to set and stick to personal boundaries, to become more aware of their mental health status, and how to continue self-care on a daily basis.

Development and implementation of this support group benefited not only the participants, but the department and staff at Wedgwood Christian Services as well. After presentation of the results, staff had reported that the learned material gave them a new sense of purpose and motivation when it came to engaging with clients, families, and the community. The validation of this observed need for continuation of support allowed for more opportunity to advocate in ways that establishes connection and healthy communication through occupational therapy related interventions. Plans for sustainment and continuation of this project include

continued use of the curriculum provided as a foundation for ongoing groups. The curriculum that was developed provided an occupational therapy treatment perspective that incorporated interventions and modalities that are typically not seen in a counseling environment. Therefore, the staff at Wedgwood Christian Services will be able to utilize the information to further develop an ongoing curriculum that includes combination of occupational therapy and traditional counseling evidence-based practice to provide parent and caregiver support in a group setting.

Conclusion

Results from the four-week support group trial indicated positive changes in all areas of concerns. Data was collected through two survey questionnaires during the fourth and final session. The first survey was self-created to collect information and feedback from the participants (see Appendix C). There was a total of nine questions relating to structure, curriculum, strengths, weaknesses, and benefits gained after attending and participating in all four group sessions. Many of them indicated that the support group had benefited their mental health and their future relationship with their teenager(s). Many parents also expressed interest in attending more than four sessions, multiple times a year, to reduce the overwhelming feelings of loneliness when navigating the struggles of their situations.

The Parent Stress Scale was utilized as a pre-assessment and post-assessment measurement (see Appendix B). This 18-item questionnaire contains statements describing feelings and perceptions about the experience of being a parent. The parents were asked to think of each of the items in terms of how their relationship with their teen typically is and to then indicate the degree in which they agreed or disagreed with the statements by rating each item with an appropriate number rating 1-5. Scores were collected from six accurately filled out questionnaires from the six participants who consistently attended and participated in all four sessions. The overall purpose of this assessment was to measure parental stress levels for parents who have accessed target support, such as family support groups, parenting courses,

and one-on-one parenting support. The results from this assessment indicated that stress levels had been reduced in four of the six participants, while two out of six participants indicated no change in stress levels. In regard to future research and work, it is recommended to increase the number of sessions from four weeks to approximately six weeks. This recommendation is based on reported data from the participants, as they had reported a desire for more sessions and more engagement, which gives an indication of the success and need of this type of community support.

Therefore, negative impacts from substance use disorder can affect the mental health, family dynamics, and quality of life for all parties involved. Parents raising teenagers with substance use disorder often struggle to find and receive necessary support. Occupational therapy intervention activities implemented through parent support groups such as psychoeducation and communication exercises can decrease stress levels and improve social emotional skills, which in turn, can benefit the teenager resulting in less costly treatments and decreased risk for relapse.

References

- Ameral, Yule, A., McKowen, J., Bergman, B. G., Nargiso, J., & Kelly, J. F. (2020). A Naturalistic Evaluation of a Group Intervention for Parents of Youth with Substance Use Disorders. *Alcoholism Treatment Quarterly*, 38(3), 379–394.
<https://doi.org/10.1080/07347324.2019.1633978>
- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), Article 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- Behrendt, Wittchen, H.-U., Höfler, M., Lieb, R., & Beesdo, K. (2008). Transitions from first substance use to substance use disorders in adolescence: Is early onset associated with a rapid escalation? *Drug and Alcohol Dependence*, 99(1), 68–78.
<https://doi.org/10.1016/j.drugalcdep.2008.06.014>
- Copello, Templeton, L., Orford, J., Velleman, R., Patel, A., Moore, L., MacLeod, J., & Godfrey, C. (2009). The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: a randomized trial. *Addiction (Abingdon, England)*, 104(1), 49–58. <https://doi.org/10.1111/j.1360-0443.2008.02417.x>
- Di Sarno, De Candia, V., Rancati, F., Madeddu, F., Calati, R., & Di Pierro, R. (2021). Mental and physical health in family members of substance users: A scoping review. *Drug and Alcohol Dependence*, 219, 108439. <https://doi.org/10.1016/j.drugalcdep.2020.108439>
- Groenman, Oosterlaan, J., Rommelse, N., Franke, B., Roeyers, H., Oades, R. D., Sergeant, J. A., Buitelaar, J. K., & Faraone, S. V. (2013). Substance use disorders in adolescents with attention deficit hyperactivity disorder: a 4-year follow-up study. *Addiction (Abingdon, England)*, 108(8), 1503–1511. <https://doi.org/10.1111/add.12188>

[Henricson, & Roker, D. \(2000\). Support for the parents of adolescents: a review. Journal of Adolescence \(London, England.\), 23\(6\), 763–783.](#)

<https://doi.org/10.1006/jado.2000.0358>

[Substance use and co-occurring mental disorders. \(n.d.\). National Institute of Mental Health.](#)

[Retrieved May 5, 2022 from https://www.nimh.nih.gov/health/topics/substance-use-and-mental-](#)

[health#:~:text=A%20substance%20use%20disorder%20\(SUD,most%20severe%20form%20of%20SUDs.](#)

Sakiyama, de Fatima Rato Padin, M., Canfield, M., Laranjeira, R., & Mitsuhiro, S. S. (2014).

Family members affected by a relative's substance misuse looking for social support:

Who are they? *Drug and Alcohol Dependence*, 147, 276–279.

<https://doi.org/10.1016/j.drugalcdep.2014.11.030>

Skeer, Sabelli, R. A., Rancaño, K. M., Lee-Bravatti, M., Ryan, E. C., Eliasziw, M., & Spirito, A.

(2022). Randomized controlled trial to test the efficacy of a brief, communication-based,

substance use preventive intervention for parents of adolescents: Protocol for the

SUPPER Project (Substance Use Prevention Promoted by Eating family meals

Regularly). *PloS One*, 17(2), e0263016–e0263016.

<https://doi.org/10.1371/journal.pone.0263016>

Support groups: Make connections, get help, 2020. *Mayo Clinic*. Retrieved May 19, 2022 from

<https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/support-groups/art-20044655>

[Vederhus, Kristensen, Øistein, & Timko, C. \(2019\). How do psychological characteristics of](#)

[family members affected by substance use influence quality of life? Quality of Life](#)

[Research, 28\(8\), 2161–2170. https://doi.org/10.1007/s11136-019-02169-x](#)

[What is mental health? \(2022\). *MentalHealth.gov*. Retrieved May 6, 2022 from https://www.mentalhealth.gov/basics/what-is-mental-health](https://www.mentalhealth.gov/basics/what-is-mental-health)

Appendix A
Parent Support Group Interest Survey

1. First name: _____ Last name: _____
2. Email: _____
3. Phone number: _____
4. Is your child currently participating in our IOP groups? YES NO
5. What are some topics you would like to learn more about during the next few sessions?
 - a. Communication styles
 - b. Healthy relationships
 - c. Mental health and comorbidities
 - d. Setting boundaries + Self-care
 - e. Enabling vs helping
 - f. Navigating the court systems
 - g. Preparation for relapse prevention and homelife
 - h. Other: _____
6. Comments, questions, concerns:

Appendix B

Assessment Tool: Parental Stress Scale

Component being measured:

- Attempts to measure the levels of stress experienced by parents.
- Takes into account positive and negative aspects of parenting.

Why this outcome matters?

Higher levels of parental stress related to:

- Lower levels of parental sensitivity to the child
- Poorer child behaviour
- Lower quality of parent – child relationship.

In particular, provides evidence related to Children’s Centres work to ‘improve parenting’ and Core Purpose goal of ‘improving parenting skills’

Tool details:

- Developed by Berry and Jones (1995) as an alternative to the 101-item Parenting Stress Index.
- Provides a measure that considers positive aspects of parenting as well as the negative, ‘stressful’ aspects traditionally focused on.

Format of the tool:

- 18 – item self report scale – items represent positive (e.g. emotional benefits, personal development) and negative (demands on resources, restrictions) themes of parenthood.
- Respondents agree or disagree in terms of their typical relationship with their child or children
- 5 – Point scale; strongly disagree, disagree, undecided, agree, strongly agree.

Use of the tool:

What can the tool help to assess?

- Changes in parental stress levels for parents/carers who have accessed targeted support, such as family support, parenting courses and one to one parenting support.
- The outcomes of services or areas of work focused on improving parents/carers parenting capacity.

Practical administration:

- Self completion or could be administered as an interview.
- The scale is relatively short and easy to administer – can be completed in less than 10 minutes.

- Can be used as a before and after measure.

Scoring the tool :

We want a low score to signify a low level of stress, and a high score to signify a high level of stress.

Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

1	I am happy in my role as a parent	
2	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	
3	Caring for my child(ren) sometimes takes more time and energy than I have to give.	
4	I sometimes worry whether I am doing enough for my child(ren).	
5	I feel close to my child(ren).	
6	I enjoy spending time with my child(ren).	
7	My child(ren) is an important source of affection for me.	
8	. Having child(ren) gives me a more certain and optimistic view for the future.	
9	The major source of stress in my life is my child(ren).	

10	Having child(ren) leaves little time and flexibility in my life.	
11	Having child(ren) has been a financial burden.	
12	. It is difficult to balance different responsibilities because of my child(ren).	
13	The behaviour of my child(ren) is often embarrassing or stressful to me.	
14	. If I had it to do over again, I might decide not to have child(ren).	
15	I feel overwhelmed by the responsibility of being a parent.	
16	Having child(ren) has meant having too few choices and too little control over my life.	
17	I am satisfied as a parent	
18	I find my child(ren) enjoyable	

Scoring

To compute the parental stress score, items 1, 2, 5, 6, 7, 8, 17, and 18 should be reverse scored as follows: (1=5) (2=4) (3=3) (4=2) (5=1). The item scores are then summed.

Scoring the tool :

We want a low score to signify a low level of stress, and a high score to signify a high level of stress

- Overall possible scores on the scale range from 18 – 90.
- The higher the score , the higher the measured level of Parental stress

Use a simple table to show the before and after results to evidence whether an intervention has had a positive effect.

- **Comparison of individuals before / after or longitudinal overall Parental Stress Scale scores.**
- **The comparison of before and after mean average scores for groups (parents/carers accessing the particular intervention/group sessions, service or provision)**

References:

Berry, JD, & Jones, W,H, (1995) *The Parental Stress Scale : initial psychometric evidence. Journal of Social and Personal Relationships, 12, 463 – 472.*

Appendix C

SUD Parent Support Group Feedback Survey

Please fill out survey answers in detail. Answers will remain anonymous, so please be as honest and thorough as possible so that we can improve for future sessions.

Thank you!

- 1. What did you enjoy about this support group?**

- 2. Is there anything you would have changed? (i.e. – Time, Day, Topics, Structure)**

- 3. Do you feel that meeting 1x week for 4 weeks was substantial, or would you have preferred more? Explain.**

- 4. Would you be interested in attending future parent support group sessions through Wedgwood? Circle your answer.**

YES MAYBE NO

- 5. What are some topics you would have liked to discuss or learn more about?**

- 6. Did you find that being sent home with resources/articles was helpful or beneficial? Circle your answer.**

YES NO UNSURE

7. Do you feel that this support group benefited you either mentally or emotionally? Circle your answer and explain.

YES NO UNSURE

8. Do you feel that attending this support group has benefited your future relationship with your teen? Circle your answer and explain.

YES NO UNSURE

9. Questions, comments, concerns:

Appendix D

Contract

I understand I am involved in a developmental process, and therefore, it is necessary to attend all sessions to benefit fully from the process. I realize that in order for me to be an effective member, it is important that I participate and arrive on time. I agree to participate openly, honestly, and responsibly as I am able to, realizing that I am not under any group pressure to reveal personal data that I would regret sharing with the group. I agree to speak personally and make "I" statements as objectively and specifically as I can, trying not to generalize or talk in abstractions. I realize that no personal information about any group member should ever be discussed outside of the group.

Group Rules

- 1. Confidentiality is the most important rule. What is said and heard in this group, will not be shared with anyone outside of the group. We want this to be a safe space for all.*
- 2. Please refrain from sharing personal identification and information about your child with other members of the group.*
- 3. Show up on time. Reach out to us if you are running late or need to leave early.*
- 4. No interrupting other group members. Listening is as important as speaking. This also means refrain from using your cellular device throughout the session. If you need to make a phone call, please step outside to reduce distraction.*
- 5. Give feedback when the time is right and show respect. What is shared in this group is important and may be beneficial to you.*

Signed: _____

Date: _____

Appendix E

Helpful Resources

Books:

- On the Other Side of Chaos: Understanding the Addiction of a Loved One
Written by: Ellen Van Vechten, JD, MSW, CADC
 - The Complete Family Guide to Addiction: Everything You Need to Know Now to Help Your Loved One and Yourself
Written by: Thomas F. Harrison and Hillary S. Connery, MD, PhD
 - The Neurobiology of Addiction: Addiction's Effect on the Brain
Written by: James D. Stoehr
-

Websites:

- Offers different types of treatment; outpatient, partial hospitalization, substance use, mental health treatment, residential, individual, groups, etc. Can filter by location, insurance, age groups served, setting.
 - <https://findtreatment.gov/>
- A detailed definition and explanation of addiction can be found on the website of the American Society of Addiction Medicine.
 - www.asam.org/resources/definition-of-addiction
- Current research on co-occurring disorders and addiction can be found on the website of the National Institute on Drug Abuse.
 - www.drugabuse.gov/related-topics/comorbidity
- Tips on preventing substance use to guidance on managing recovery from addiction can be found on the website of Partnership to End Addiction
 - <https://drugfree.org>
- Resources that teach parents and kids how alcohol and cannabis impacts their developing brain and body.

- <https://asklistenlearn.org/>
 - Offers resources to learn more about risk factors of substance abuse in children/teens, statistics on substance abuse in teens, and how to talk to your children about addiction and find long-lasting treatment for them.
 - <https://americanaddictioncenters.org/rehab-guide/guide-for-parents-i>
 - Resources for families coping with mental and substance use disorders.
 - <https://www.samhsa.gov/families>
 - A support group for parents and other family members who are trying to support a loved one in seeking recovery found at the website Parents of Addicted Loved Ones (PAL).
 - <https://palgroup.org/meetings/>
-

Support Groups:

- Free online support groups led by licensed facilitators for families affected by drug or alcohol addiction. Parent support, sibling support, family support, and grief support.
 - <https://herrenproject.org/online-support-groups/>
- Free online groups and blog forum with educational resources. Dozens of topics and specialties.
 - <https://www.intherooms.com/home/>
- Al-Anon: the largest support group for families of alcoholics and is based on Twelve-Step principles.
 - www.al-anon.org
- Alateen: is a division of Al-Anon just for teenagers.
 - www.al-anon.org/for-members/group-resources/alateen
- Nar-Anon: is similar to Al-Anon but is for families of drug addicts.
 - www.nar-anon.org
- Families Anonymous: is another Twelve-Step group for families.
 - www.familiesanonymous.org

- Because I Love You (BILY): offers support groups in the US and Canada for parents of children and teens who have behavioral problems, including drug and alcohol abuse.
 - www.bily.org
 - Grief Recovery After a Substance Passing (GRASP): is a support group in the US and Canada for family members who have lost a loved one due to addiction.
 - www.grasphelp.org
 - A support group for parents and other family members who are trying to support a loved one in seeking recovery.
 - <https://palgroup.org/meetings/>
-

Educational Articles

- <https://americanaddictioncenters.org/rehab-guide/guide-for-families-i>
- <https://americanaddictioncenters.org/rehab-guide/guide-for-families-ii>
- <https://americanaddictioncenters.org/rehab-guide/guide-for-parents-i>
- <https://americanaddictioncenters.org/rehab-guide/guide-for-parents-ii>

Appendix F

Week/Session 1 Outline

Group Session 1 of 4

February 27th, 2023

5:00-6:30pm

Group title: SUD Parent Support Group
Session title: Mental Health and Comorbidities
Format: <ul style="list-style-type: none"> • 15 min: Welcome, Sign-in, Survey + Parent Stress Scale • 5 min: Announcements, Contract • 15 min: Check-in Questions • 30 min: Educational Topic <ul style="list-style-type: none"> ○ Group reading ○ Group discussion ○ Exercise/Activity • 20 min: Check-in – share and listen • 5 min: Closing
Supplies: <ul style="list-style-type: none"> • Sign-in sheet • Name tags • Pens • Folders • Handouts <ul style="list-style-type: none"> ○ Contract for Group Membership ○ Parent Stress Scale ○ Interest Survey ○ Group reading ○ Role Play Activity ○ Family Support Guide ○ Starting the Conversation Guide
Description + discussion questions: <ul style="list-style-type: none"> • Sign-in + Welcome: Have participants sign in on sign-in sheet, fill out a name tag, and take a seat. <ul style="list-style-type: none"> ○ While waiting for group to begin, have parents fill out Session 1 survey sheet and Parent Stress Scale and collect at end of session. • Announcements/Contract/Rules: Read aloud elevator speech. Have each participant silently read and sign the contract and group rules. • Check-in: <ul style="list-style-type: none"> ○ Q: Share what you hope to gain from this support group ○ Q: Share either your biggest challenge or your greatest joy from this past week ○ Q: Rate yourself on the mental scale and explain

- **Educational topic**

- **Intro:** “When trying to figure out how to help your child struggling with substance use, one of the most helpful things to do is understand why they’re using in the first place. As a parent or caregiver, understanding the underlying problems is key to helping them find healthier solutions. Research reveals that patterns of teen brain development play a significant role in shaping behavior. This pattern can result in behaviors such as difficulty holding back or controlling emotions, a preference for high-excitement, exploration and new activities, inadequate planning and limited judgement, and more risky or impulsive behavior. Because teens have an over-active impulse to see pleasure and less ability to consider the consequences, they are especially vulnerable when it comes to nicotine, alcohol, or drugs and developing addiction.”
- **Video:** Understanding the WHY Behind Your Child’s Substance Use <https://drugfree.org/article/substance-use-as-an-answer-not-a-problem/>
- **Group reading:** When Your Child Sees Substance Use as An Answer, Not a Problem
- **Group reading discussion:** “Not only can drugs make teens more compulsive, they can also alter the brain and make your teen feel depressed, anxious, or paranoid. Overtime, the ability to feel pleasure goes down which can cause your teen to feel lifeless and unable to enjoy the things they used to enjoy. Therefore, a “why” to why your teen is using may be that your teen is struggling with mental health and trying to cope with difficult emotions.”
- **Exercise/Activity:** Telling Others About Your Illness (cole)
- **Check-in – share and listen:** allow parents to share stories, thoughts on the activity, reading, what they have learned during this session and what they are interested in learning more about.
- **Closing:** Thank parents for attending and remind them date/time for session 2 and to contact with any questions. Collect contracts, survey, and Parent Stress Scale.

Notes:

Talking Points – Group Reading:

- Is anyone willing to share their thoughts or point of view on this topic?
- Taking care of yourself and your own mental health is important too. Being a parent or caregiver can be extremely exhausting. Taking care of your mental health is essential and beneficial to your child’s mental health as well. We will spend more time on the topic of self-care in the next coming sessions. Is anyone willing to share specific strategies or ways that you take care of your mental health or strategies you have taught your teen to take care of their mental health?
 - Developing a healthy morning or nighttime routine
 - Eating meals together as a family
 - Simply asking how their day was (pros and cons of the day)
 - Getting plenty of movement or exercise throughout the day
 - Getting a good night’s sleep
 - Participating in leisure activities together (watching movies, playing games, shopping, cooking)

Talking Points – Role Play Activity:

- The first step to aiding in your own mental health when caring for a teen with substance use disorder, is becoming comfortable sharing with others your feelings about your teen's substance use rather than holding it all in. I have an activity I want to do with you to address this first step. You are not required to participate, but I encourage anyone who is willing to volunteer and share.
- Questions:
 - How did you feel prior to sharing and how did you feel afterwards?

Talking Points – Closing:

- What are some other ways that we can support you?
- What are some topics that may have sparked your interest while taking the survey that you hope to learn more about during the upcoming sessions?
- What is your main takeaway from today's session?

Appendix G

Week/Session 2 Outline

Group Session 2 of 4

March 6th, 2023

5:00-6:30pm

Group title: SUD Parent Support Group
Session title: Strengthening Communication Skills and Relationships
Format: <ul style="list-style-type: none"> • 10 min: Sign-in + Welcome • 5 min: Announcements • 15 min: Check-in • 30 min: Educational Topic <ul style="list-style-type: none"> ○ Group discussion • 20 min: Exercise/Activity • 5 min: Closing
Supplies: <ul style="list-style-type: none"> • Handouts <ul style="list-style-type: none"> ○ Group reading ○ HEP – Skills building course website link • Sign-in sheet • Pens • Index cards • Name tags • Folders • Fidgets Snack: <ul style="list-style-type: none"> • Pizza • Plates • Napkins
Description + discussion questions: <ul style="list-style-type: none"> • Sign-in + Welcome: Have participants sign in on sign-in sheet, fill out a name tag, and take a seat • Announcements: Agenda • Check-in: <ul style="list-style-type: none"> ○ Q: Share 1-2 things you took away with you from last week’s session. ○ Q: Did you end up doing anything for YOU and YOUR mental health over the past week? ○ Q: Rate yourself on the mental health scale and explain. • If new to the group: <ul style="list-style-type: none"> ▪ Share what you hope to gain from being apart of this group ▪ Share your greatest joy and hardest challenge from this past week

- Rate yourself on the mental health scale and explain
- **Educational topic**
 - **Video:** https://www.youtube.com/watch?v=kwwcQ_ZymXU
 - **Group discussion:** Positive Reinforcement Helps Change Behavior
 - **Handout (HEP):** Skill Development Online Course
- **Exercise/Activity:** Role-play: Developing Positive Reinforcement
 - Pair up with someone in the group and share your situation and actual response. Role play/practice how you would have responded differently towards your teen, using positive reinforcement.
- **Closing and Reminders**

Notes:

Group Discussion:

- **Positive reinforcement helps change behavior. Positive reinforcement is providing some kind of reward or benefit to increase the chances that a behavior will be repeated. In households where a child is using substances, it can be easy to focus on everything the child is doing wrong and respond with lectures, punishment and confrontation. Unfortunately, this often only escalates the tension. So what can you do? Focus on what your child is doing right.**
 - Q: What are some positive reinforcers that you have tried in the past that have worked/have not worked?
- **When you notice the positive things your child is doing and reinforce them, there's a stronger chance you'll see those behaviors again.**
 - Q: What are some desired behaviors that you would like to reinforce from your teen?
- **The important key to success is to choose a reinforcer that will be appreciated by your child. Sometimes parents make the mistake of coming up with something that they personally find reinforcing, but their child could care less about it. It can help to take the time to develop a list of reinforcers that you think would be appealing. If you're unsure, you can ask your child and have a conversation about it.**
 - Q: Take a minute to create a list and share with the group what you came up with.

Appendix H

Week/Session 3 Outline

Group Session 3 of 4

March 13th, 2023

5:00-6:30pm

Group title: SUD Parent Support Group
Session title: Boundaries and Self-Care
Format: <ul style="list-style-type: none"> • 10 min: Sign-in + Self-awareness worksheet • 5 min: Announcements/Agenda • 25 min: Check-in • 40 min: Educational Topic <ul style="list-style-type: none"> ○ Group discussion questions ○ Exercise/Activity • 5 min: Closing
Supplies: <ul style="list-style-type: none"> • Handouts <ul style="list-style-type: none"> ○ Articles: <ul style="list-style-type: none"> ▪ Self-Care: I Know I Need to Take Care of Myself Too, but How? ▪ Coping with Fear, Anger and Other Negative Emotions ▪ I Try to Set Tough Boundaries with My Child but Often End Up Giving In. What Can I Do? ▪ Natural Consequences Encourage Behavior ▪ What are Personal Boundaries: Types of Boundaries ▪ Setting Boundaries – activity pages ▪ Self-awareness – activity page ▪ The Perfect Parent – activity page • Fidgets • Pens • Name tags • Sign-in sheet • Muffins/cookies, soda, napkins • Index cards • Bowl/bin
Description + discussion questions: <ul style="list-style-type: none"> • Sign-in + Welcome: Have parents fill out Self-Awareness worksheet while waiting to begin session. • Announcements: Agenda <ul style="list-style-type: none"> ○ Check-in ○ Self-care and Self-awareness ○ Types of Boundaries and Setting boundaries with your teen

- Activity
- **Check-in:**
 - Q: Share your greatest joy and hardest challenge from this past week.
 - Q: Share what you wrote down from your self-awareness worksheet (i.e. – your needs, 3 things you are trying to achieve, some things you would like to improve about yourself or your relationship with your teen)
 - Q: What did you take away from last week’s session and what do you hope to get out of today’s topic?
- **Educational Topic:**
 - **Group Discussion Questions:**
 - Q: What is a personal boundary?
 - Q: There are many different types of boundaries. What are some that come to mind?
 - Q: What is an emotional boundary of yours that has been crossed by your teen?
 - Q: What is a material boundary of yours that has been crossed by your teen?
 - Q: What is a time boundary of yours that has been crossed by your teen?
 - Q: What challenges have you faced when trying to set healthy boundaries, and how did you overcome them (or, how could you overcome them)?
 - Q: What are some specific actions you can take to improve your boundaries?
 - Q: How do you think your teen might respond to these changes?
 - Q: How do you think your life will be different once you’ve established healthy boundaries?
 - Q: In your opinion, what are the signs of a healthy relationship? What sort of boundaries might you see in a healthy relationship?
 - **Exercise/Activity:**
 - Have parents write down a boundary that has been crossed by their teen in the past and how they reacted. Collect cards and place in a bowl. Have one member from each group pick 2 cards from the bowl.
 - Get together in groups of 3 and discuss how you would approach the given situations using firm language to state your boundary. Give input to members of the group and share what has worked or has not worked for you in the past and what you could do differently in the future. Prepare as a group to come back and share ideas/outcome with the large group regarding your situation.
- **Closing:** request that parents take a look at and read through handouts/resources given at today’s session and to complete activity pages in their own time.

Notes:

What to include in presentation:

- Agenda
- Check in questions
- Self-care and self-awareness – emphasize that setting boundaries is a huge form of self-care
- What is a boundary?
- Types of personal boundaries (emotional, material, time)
- Actions to take to improve boundaries – natural consequences, tips for healthy boundaries

Appendix I

Week/Session 4 Outline

Group Session 4 of 4

March 20th, 2023

5:00-6:30pm

Group title: SUD Parent Support Group
Session title: Understanding My Teen + Healthy Helping vs Enabling
Format: <ul style="list-style-type: none"> • 10 min: Sign-in, Survey, PSS • 15 min: Agenda + Check-in • 20 min: Educational Topic <ul style="list-style-type: none"> ○ Group discussion ○ Exercise/Activity • 10 min: Closing
Supplies: <ul style="list-style-type: none"> • Handouts <ul style="list-style-type: none"> ○ Feedback Survey ○ Parent Stress Scale (PSS) ○ Articles ○ List of resources • Name tags • Sign-in sheet • Pens • Snack
Description + discussion questions: <ul style="list-style-type: none"> • Sign-in + Have participants sign in and fill out Feedback Survey and PSS • Check-in: <ul style="list-style-type: none"> ○ Q: Share your highs and lows from this past week. ○ Q: What is something you are looking forward to? ○ Q: What learned skills from this support group do you plan to carry with you to help improve your relationship with your teen? • Educational Topic <ul style="list-style-type: none"> ○ Articles: <ul style="list-style-type: none"> ▪ How to Deal with Specific Misbehavior ▪ Family Meetings ▪ Am I Enabling Addiction by Helping My Child? ▪ 11 Mistakes Parents Make with Teen Discipline ▪ Understand How Teens Think ○ Group Discussion Questions: <ul style="list-style-type: none"> ▪ Q: What does teen discipline look like to you? ▪ Q: What disciplinary strategies have worked/not worked?

- Q: Why do you think being consistent with your teen is important?
- Q: Why do you think listening to your teen is important?
- Q: Share your situation and important details/information you took away from your small group discussions.
- **Exercise/Activity:**
 - Have parents write down a situation in which they may believe they may have enabled their teen. Collect cards and place in a bowl. Separate into groups. Have one member from each group pick 2 cards from the bowl.
 - Get together in groups of 3 and discuss how you would approach the given situations by using a delivery method in a format that your teen will understand. Give input to members of the group and share what has worked or has not worked for you in the past and what you could do differently in the future. Prepare as a group to come back and share ideas/outcome with the large group regarding your situation.
- **Closing:** Collect Feedback Surveys and PSS. Notify parents about list of resources.

Appendix J



COMMUNITY SERVICES

Substance Use Disorder Parent Support Group



A support group for parents and caregivers who are trying to support an adolescent with Substance Use Disorder (SUD). Our sessions focus on improving the wellbeing and quality of life for all parties involved. Each session will provide education and support through curriculum topics such as family roles and dynamics, healthy helping vs enabling, and setting realistic boundaries. We welcome your point of view, as this is designed to be a safe space to share and to listen to parents and caregivers going through similar experiences and situations.

This FREE Parent Support Group will be held at 9260 Ekhart St NE Grand Rapids, MI 49503 (Kent IOP room) on Mondays from 5:00 - 6:30pm on:

February 27

March 6

March 13

March 20

The group will be co-facilitated by Alexandra Superson (*Occupational Therapy Doctorate Student*), Hannah Reed (*Wedgwood Outpatient & Recovery Services Therapist*), and Christopher Moon (*Wedgwood Outpatient & Recovery Services Therapist*).

Additional Information:

- ▶ It is highly encouraged that you attend all four meetings for best outcomes and results.
- ▶ What you hear in meetings and what you say in meetings will remain confidential.
- ▶ Educational resources and tools will be provided for continued support at-home.

Contact Alexandra Superson at asuperson@wedgwood.org questions, for more information, and to reserve your spot by February 20!

 **TRANSFORMING LIVES**

For more information (616) 942-2110 • SUDREFERRAL@WEDGWOOD.ORG

WWW.WEDGWOOD.ORG •    

Appendix K

OTD Capstone Objectives	Final Status
Objective 1: Student will observe and engage in intake sessions and group sessions with staff at capstone site to gain a better understanding of target population by the end of week 8.	✓ Met
Objective 2: Student will recruit parents and family members to participate in 4-week support group trial by end of week 6.	✓ Met
Objective 3: Student will develop and provide detailed educational folders for family members and parents which will assist with continued support at home and in the community to facilitate progress towards improving family dynamics and social well-being by end of week 8.	✓ Met
Objective 4: Student will apply evidence-based family + parent support group interventions to improve quality of life during engagement in relationships with family members by end of week 12. Interventions will be implemented face-to-face 1x/week for 4 weeks.	✓ Met
Objective 5: Student will communicate effectively with staff, site mentor, and stakeholders and educate onsite staff to continue implemented program in order to foster strong professional relationships to enable the best outcome measures for target population throughout capstone experience.	✓ Met

Timeline	Weekly Task Log
Week 1	<ul style="list-style-type: none"> ➤ Orientation to site ➤ Put together schedule/planner to meet weekly objectives ➤ Look through client files ➤ Research more on SUD parent support programs

	<ul style="list-style-type: none"> ➤ Sit in on in-takes/assessments/IOPs
Week 2	<ul style="list-style-type: none"> ➤ Research within the company ➤ Sit in on in-takes and assessments ➤ Research outside of the company (what other support groups look like) ➤ Sit in on in-takes/assessments/IOPs
Week 3	<ul style="list-style-type: none"> ➤ Research support group interventions ➤ Begin developing program plan
Week 4	<ul style="list-style-type: none"> ➤ Collect recruitment list ➤ Create check-in questions/convo for participants ➤ Begin focusing on weekly sessions topics/exercises ➤ Sit in on in-takes/assessments/IOPs
Week 5	<ul style="list-style-type: none"> ➤ Send out e-flyers and printed mail out ➤ Call/check-in with participants ➤ Continue preparing for implementation ➤ Sit in on in-takes/assessments/IOPs ➤ Put together curriculum binder ➤ Create educational take-home tools
Week 6	<ul style="list-style-type: none"> ➤ Call/check-in with participants ➤ Continue preparing for implementation ➤ Sit in on in-takes/assessments/IOPs ➤ Create group rules and contract ➤ Put together curriculum binder ➤ Begin data collection method
Week 7	<ul style="list-style-type: none"> ➤ Develop back-up plan ➤ Sit in on in-takes/assessments/IOPs ➤ Finalize curriculum binder ➤ Finalize data collection method
Week 8	<ul style="list-style-type: none"> ➤ Work on back-up plan ➤ Sit in on in-takes/assessments/IOPs ➤ Finalize data collection method

Week 9	<ul style="list-style-type: none"> ➤ 1st week of implementation ➤ Intervention ➤ Documentation/Data collection ➤ Prepare for 2nd session
Week 10	<ul style="list-style-type: none"> ➤ 2nd week of implementation ➤ Intervention ➤ Documentation/Data collection ➤ Prepare for 3rd session
Week 11	<ul style="list-style-type: none"> ➤ 3rd week of implementation ➤ Intervention ➤ Documentation/Data collection ➤ Prepare for final session
Week 12	<ul style="list-style-type: none"> ➤ 4th week of implementation ➤ Intervention ➤ Documentation/Data collection ➤ Begin putting together dissemination plan
Week 13	<ul style="list-style-type: none"> ➤ Continue dissemination plan ➤ Create presentation ➤ Create site materials (curriculum binders/references)
Week 14	<ul style="list-style-type: none"> ➤ Continue and finalize dissemination plan ➤ Finalize site materials ➤ Present to team