

Treatment Research Institute

Annual Progress Report: 2012 Formula Grant

Reporting Period

July 1, 2013 – June 30, 2014

Formula Grant Overview

The Treatment Research Institute received \$174,793 in formula funds for the grant award period January 1, 2013 through June 30, 2014. Accomplishments for the reporting period are described below.

Research Project 1: Project Title and Purpose

Screening, Treating, and Advising Aging-out Teens (STAAT) – The purpose of this project is to develop an intervention that can address health-compromising behaviors, in particular substance abuse, for adolescents who are between the ages of 15-18 years old and are in the process of aging-out of the foster care system. The intervention will: 1) identify substance abuse and target it for intervention; and 2) pair youth with a recovery mentor to provide overall social support, support for abstinence, and linkages with pro-social activities. Once developed, the intervention will be pilot tested to assess the degree to which it is implemented with fidelity. We will examine its feasibility with the staff and participant population, and collect preliminary data on substance use, social support, self-efficacy, and overall well-being in aging-out adolescents.

Duration of Project

1/1/2013 – 6/30/2014

Project Overview

This mixed-methods project will develop an intervention that can address health-compromising behaviors, particularly substance use, among a high risk group of adolescents (i.e., those in the process of aging out of foster care), develop an implementation manual and fidelity measures, and pilot it with 20 adolescents in the beginning of the aging-out process. We will do so by completing three aims/phases. Aim 1/Phase 1 is to develop an intervention that: 1) identifies health compromising behaviors particularly substance abuse and targets it for intervention; 2) pairs youth with Certified Peer Recovery Counselors (CPRCs) to provide overall social support, support for abstinence, and linkages with pro-social activities. Aim 2/Phase 2 is to develop a detailed implementation protocol with implementation fidelity measures in order for Aim 3/Phase 3 to be carried out. This will include intervention and manual development and associated staff training. We anticipate that the resultant intervention will be six sessions in length with an overall theme of “empowerment.” Rather than focusing specifically on substance abuse, the sessions will address different health-compromising behaviors while weaving

substance abuse into each session. CPRCs will augment the social worker-delivered intervention by working with youth to engage them in the intervention, by supporting the intervention's content, and by working with youth to engage in positive pro-social activities. Aim 3/Phase 3 is to pilot the intervention according to the implementation protocol, assess the degree to which it is implemented with fidelity, examine its feasibility with the staff and participant population, and collect preliminary data on substance use, social support, self-efficacy, and overall well-being. Based upon preliminary discussions with agencies that operate foster care services in the city of Philadelphia, we anticipate that we will screen 40 adolescents in order to obtain a sample size of 20 adolescents who meet criteria for substance abuse for the feasibility testing.

Principal Investigator

Övgü Kaynak, PhD
Associate Research Scientist
Treatment Research Institute
600 Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106

Other Participating Researchers

Kathleen Meyers, PhD – employed by Treatment Research Institute
Lois A. Benishek, PhD – employed by Treatment Research Institute
Ken Winters, PhD – employed by University of Minnesota, Minneapolis, MN (consultant)
Emily Messina, PhD, CTRS – employed by Eastern Washington University, Cheney, WA (consultant)

Expected Research Outcomes and Benefits

Substance abuse is a critical public health issue for foster care adolescents in the Commonwealth of Pennsylvania. Unaddressed, it can lead to many adverse consequences including impairments in mental, physical, social, family, employment, and legal domains. The rate for drug dependence among former foster youth is seven times that of the general population and the rate for alcohol dependence among former foster youth is two times the rate of the general population. When compared to foster youth who are permanently placed, those who age out of care fare even worse as they are far more likely to have had multiple placements, fewer attachments to caring adults, and more behavioral, mental health, and substance abuse issues. Screening, intervening, and supporting aging-out adolescents has the potential to reduce the tremendous impact of substance abuse, however to date there are no interventions that target this population. Understanding whether this type of intervention is feasible with aging-out adolescents and within the programs that serve them, is of vital importance. The data we propose collecting in this feasibility project will be integral to developing a fundable federal grant application for further research in this area.

Summary of Research Completed

This report covers progress to date on the following project tasks: regulatory activities, intervention development and implementation, and outcomes associated with the project. Progress on each of the tasks occurring from 7/1/2013 through 6/30/2014 are summarized below.

Aim 1 was achieved. Develop an intervention for adolescents who are between the ages of 15-18 years and are in the process of aging out of the foster care system that: 1) identifies health compromising behaviors particularly substance abuse and targets it for intervention; 2) pairs youth with Certified Peer Recovery Counselors (CPRCs) to provide overall social support, support for abstinence, and linkages with pro-social activities.

Intervention Development: In the most recent funding year, six session modules were developed for the entire STAAT intervention. Each session targeted specific learning objectives and was designed so that a layperson can implement it with minimal preparation and relative ease. Each youth was allowed to request up to two additional sessions in addition to the six proposed sessions. The purpose of the additional sessions was to address any unexpected need expressed by the youth during the intervention (e.g., a request for additional time on an existing module – in general or as it might relate to an up-coming life event or substance use situation; a request for session content that was not a part of the existing intervention). Supplemental materials designed to increase the utility and appeal of the intervention included but were not limited to (1) LookBooks (colorful notebooks that could be personalized and used to complete STAAT assignments, to document personal achievements, to journal) and (2) disposable cameras that could be used to document their community-based volunteer activities and other non-drug using activities with the peer mentor (PM), peers, and/or family members and the possibility of developing leisure time interests. The intervention contains numerous handouts, worksheets, interactive materials, as well as a YouTube link. Each of the sessions is described briefly below; full content can be found in the final report.

Module 1: The *Getting to Know Each Other* session includes an overview of the project and expectations, an ice breaker, a functional analysis of the youth's recent drug use behavior, and the youth's preference for sequencing the intervention's content area. Module 2: The *Leisure Interests & Connecting with Your Community* session (conducted by the Peer Mentor) identifies potential volunteer activities of interest to the youth and educates the youth about various aspects of the volunteer experience. Module 3- 2 sessions: *Building Healthy Relationships – Day 1* is designed to help the youth to differentiate between healthy and unhealthy relationships in general and in their own personal lives. *Day 2* focuses on common communication styles that are exhibited in interpersonal relationships with emphasis placed on learning about and practicing (via role play) an assertive communication style. Module 4- 2 sessions: The *Taking Charge of Stress – Day 1* is designed to help the youth become more aware of ways s/he experiences and copes with stress. *Day 2* introduces (and provides opportunities to practice) a range of healthy coping strategies that can be used to address stress.

Aim 2 was partially achieved - The implementation protocol was developed; the fidelity measures were neither developed nor implemented. *Develop a detailed implementation protocol*

with implementation fidelity measures in order for Aim 3/Phase 3 to be carried out. This will include intervention and manual development and associated staff training.

Protocol Development: Each module was designed so that a layperson can implement it with minimal preparation and relative ease. Each module was formatted to contain: 1) a list of materials needed for the session; 2) session learning objectives; and 3) session content. Importantly, much of the content is scripted so that the person delivering the intervention will not only have a solid grasp of the content, but also a clear understanding of how to administer the session materials (e.g., how to complete a functional analysis of the youth's drug use behavior or how to create a personal nexus) using an interpersonal demeanor that will not elicit defensiveness on the part of the youth. Since a discussion of the youth's drug use is infused into each session, avoiding defensiveness is essential.

Implementation Fidelity: We initially proposed that all sessions would be audiotaped and that fidelity checklists would then be completed on 25% of the sessions and PM activity logs to ensure that the session content and community-based volunteer activities were being implemented with intervention fidelity with the youth. There were two reasons why the proposed fidelity procedures were not implemented: 1) it was apparent early on that it was highly unlikely that we would gain the necessary system and/or IRB approvals for session audiotaping discussed in detail in the final report; 2) since our goal was to pilot this intervention, we wanted the counselor to be able to modify aspects of it that were problematic. In this way, we would be able to trouble shoot and resolve (in real time) content and process problems. Fidelity would be – by design – low as there would be deviation from the manual but an improved intervention could result. For these two reasons, the fidelity forms were not developed and a fidelity verification process was not implemented. We did however de-brief during the implementation phase of the project and made manual and protocol revisions as appropriate.

Counselor Training: We initially proposed that a social worker would be hired and trained by the principal investigator and co-investigator via didactic and experiential activities to implement the intervention with fidelity. However, given the extreme delay encountered in securing necessary system approvals and subsequent Philadelphia IRB approval, a new hire was not time-efficient. Since Lois Benishek, Ph.D., a TRI Associate Research Scientist, co-developed the intervention and had clinical experience in manualized therapies (e.g., motivational interviewing) and with diverse participant populations including those with substance abuse, she was the logical choice for protocol implementation. Additionally, she would best understand what was and was not working in this new intervention. Face-to-face supervision with the co-investigator occurred on a weekly basis during the intervention phase of the study.

PM Recruitment: Several recruitment venues were utilized to identify and hire PMs: 1) the Pennsylvania Recovery Organization - Achieving Community Together (PRO-ACT), a grassroots advocacy and recovery support organization that strives to ensure the availability of recovery support services; 2) *Young People in Recovery*; 3) the Philadelphia Office of Addiction Advisory Board; 4) local substance abuse treatment programs; and 5) local counseling-related master's degree programs. These efforts resulted in the identification of six PMs, three of which were paired with a participant.

PM Training: PMs completed an 8-hour training that consisted of: 1) a study overview; 2) review of human subjects protections and related issues (e.g., reporting adverse events; addressing potential reports of harm to self and others); 3) content review for Sessions 1 and 2; and 4) review of logistical and liability issues related to the study procedures and outings with the youth. Dr. Benishek conducted weekly supervision sessions and illustrated our comprehensive pro-social activity and volunteer opportunity resource database that we developed for this study. The database contained over 450 organizational contacts that included adolescent-specific resources (e.g., arts, sports, and academic support activities), organized athletic leagues, recreation centers, youth development programs, libraries, and volunteer opportunities.

Aim 3 was partially achieved. We were able to pilot the intervention, assess acceptability and feasibility with staff and participants, and collect preliminary data but not with the projected number of participants. We also did not collect feasibility data as discussed above. Further, it was within Aim 3 where we made project revisions to the original protocol.

Three revisions were made to the protocol: 1) did not include fidelity measures previously explained; 2) re-allocated web-based database design dollars to hire Dr. Benishek who assisted with the development and piloting of the intervention; 3) obtained biological parental consent for youth in the project. This latter revision, as a result of lengthy approval processes, significantly delayed participant recruitment (see final report). Given these delays, it was necessary for us to significantly modify the duration of the study so that it could be completed by the end of the funding period (June 30, 2014). We maintained the integrity of the 6-session intervention but we were not able to: 1) recruit the proposed number of participants (there were 3 female, minority participants); 2) complete the proposed number of PM support sessions; and 3) complete post-intervention follow-up assessments although end of intervention assessments were completed.

During-intervention and end-of-intervention data indicate that the intervention was acceptable to youth (see tables 1 and 2). That is, participants had favorable reactions to each of the sessions. Participants identified three primary intervention strengths (e.g., opportunities to focus and personalize content that was important to the youth) as well as three areas for improvement (e.g., more time playing games as a teaching strategy). There is also some indication that the STAAT intervention is feasible to both foster care programs and the youth they serve but less so among the larger system of care. Feasibility was significantly compromised in four ways: 1) conflicting information on procedural requirements when working with this population of youth; 2) substantial and burdensome time needed for system and regulatory approvals; 3) need for biological parental consent even for youth whose biological parent(s) were not involved but whose parental rights have not been terminated; and 4) unwillingness of caseworkers to accept valid child abuse and criminal history clearances.

Despite the considerable challenges encountered when attempting to initiate and complete this study, a versatile, acceptable and, to a certain extent, feasible wellness-focused intervention with accompanying manual and worksheets that address substance use and other health behaviors among teenagers in and transitioning out of foster care exists.

**Table 1:
Intervention Session Feedback**

Participant	Feedback Item	Introduction	Connecting with Community	Taking Charge of Stress - Day 1	Taking Charge of Stress - Day 2	Healthy Relationships - Day 1	Healthy Relationships - Day 2	Time Management	Session Average by Participant
X	Would Attend if Knew Topic in Advance	1*	1*	1*	n/a	n/a	n/a	n/a	
	Worth My Time	5	4	4	n/a	n/a	n/a	n/a	
	Held My Interest	5	4	4	n/a	n/a	n/a	n/a	
	Useful	5	4	5	n/a	n/a	n/a	n/a	
	Would Encourage Friend to Attend Session	5	4	5	n/a	n/a	n/a	n/a	
	Mean scores for P01 excluding outlier	5	4	4.5					4.5
X	Would Attend if Knew Topic in Advance	4	5	5	4	5	5	5	
	Worth My Time	4	5	5	4	5	5	4	
	Held My Interest	5	5	5	4	5	5	4	
	Useful	4	5	5	5	4	5	5	
	Would Encourage Friend to Attend Session	4	5	5	5	5	5	5	
	Mean scores for P02	4.2	5	5	4.4	4.8	5	4.6	4.7
X	Would Attend if Knew Topic in Advance	3	5	4	n/a	4	n/a	n/a	
	Worth My Time	3	5	4	n/a	4	n/a	n/a	
	Held My Interest	3	5	4	n/a	4	n/a	n/a	
	Useful	3	5	4	n/a	3	n/a	n/a	
	Would Encourage Friend to Attend Session	4	5	4	n/a	4	n/a	n/a	
	Mean scores for P03	3.2	5	4		3.8			4
	OVERALL MEAN SCORES	4.1	4.67	4.5	4.4	4.3	5	4.5	4.4

Note. The session coded in grey was facilitated independently by Peer Mentor. 1=Not at all true; 2=A little true; 3=Somewhat true; 4=Very true; 5=Extremely true. n/a indicates that the participant did not complete this session. The "1*" value indicates that P01 liked the topic but knowing the topic in advance would not have increased her interest in attending that session.

Table 2: Overall STAAT Program Feedback			
Feedback Item	X*	X	X
Rank: 1= Most useful content; 4=Least useful content			
Introduction		2	2
Connecting with Community		3	1
Taking Charge of Stress		4	3
Healthy Relationships		1	4
1=Not at all true; 3=Somewhat true; 5=Extremely true			
Would Attend if Knew Topic in Advance		5	3
Worth My Time		5	3
Held My Interest		4	3
Useful		5	3
Would Encourage Friend to Attend Session		5	3
Useful to Me Right Now		5	4
Useful to Me in Future		5	4
<i>In Comparison to Before You Took Part in the Program, you now know...</i>			
1=Not at all true; 3=Somewhat true; 5=Extremely true			
What a healthy relationship looks like		5	3
How to be assertive		5	3
How to cope with difficult situations		5	4
How to choose/get involved in volunteer experience		4	3
<i>In Comparison to Before You Took Part in the Program, how likely are you to...</i>			
1=Not at all true; 3=Somewhat true; 5=Extremely true			
Develop relationships that are healthy?		4	3
End relationships that are unhealthy?		4	4
Be assertive and let others know how you feel?		5	3
Use healthy coping techniques to deal with difficult life situations?		4	3
Get involved in a volunteer experience?		4	3
<i>In Comparison to Before You Took Part in the Program, how likely are you to use alcohol or other drugs when you're...</i>			
1=A lot more likely; 3=No difference; same as before; 5=A lot less likely			
Stressed?		3	2
Depressed?		3	2
Bored?		5	4
Angry?		3	4
With friends, including boyfriend or girlfriend?		4	3
In any situation, when given an opportunity to use?		4	5