

ABSTRACT

ADOLESCENT SUBSTANCE USE FAMILY-BASED TREATMENT:

A GRANT PROPOSAL PROJECT

By

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The purpose of the project was to locate a potential funding source and write a grant to design a family-based treatment program for at-risk and economically disadvantaged adolescents and their families who face substance use problems. A search was conducted to locate an appropriate funder for psychoeducation and family-based treatment services for adolescents and their families in the South Bay area in Los Angeles County. A literature review was performed to investigate the effective ways to assist and psychoeducate adolescents and their families on risk factors and protective factors associated with substance use. In addition, previous literature was reviewed to explore existing interventions that treat adolescent substance dependence.

If funded, the proposed program would provide adolescents and their families psychoeducation to decrease or ameliorate their substance use to prevent potential serious problems and develop coping skills needed to manage daily life challenges. Equally important, it is hoped that parents of these adolescents would also gain skills to support their children's efforts to avoid future substance use. The actual submission and/or funding of this grant was not a requirement for the successful completion of the project.

ADOLESCENT SUBSTANCE USE FAMILY-BASED TREATMENT:
A GRANT PROPOSAL PROJECT

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CHAPTER 1

INTRODUCTION

Overview

According to the Forum on Child and Family Statistics (2010), it was estimated that 24.8 million adolescents ages 12-17 resided in the United States. About 8% of adolescents in the United States reside in the state of California (California Department of Finance, 2014). The California Department of Finance reports that there were 530,571 youth ages 14 to 17 living in Los Angeles County in 2014, accounting for 13% of the county's total population (2014). These statistics show the widespread population of adolescents who inhabit the United States and more specifically in Los Angeles County. For society, there are long-range effects of adolescent substance use including the cost related to crime, lost work productivity, and healthcare (National Institute on Drug Abuse [NIDA], 2010). Adolescence is a developmental stage where individuals are prone to risk-taking and experimentation. These behaviors are often a normal part of establishing independence, but they can also lead to negative and potentially serious health consequences (Brindis, Park, Paul, & Burg, 2002). Effective parenting and family therapy can offset the development of unhealthy habits such as substance use (Velleman, Templeton, & Copello, 2005).

Adolescents are less likely to engage in these risk behaviors when the sense of physical, emotional, and economic security is present (Henggeler & Sheidow, 2012). Additionally, having input on decision-making also decreases the likelihood of

adolescent risk behaviors by providing adolescents a safe space where they are able to express their thoughts and feelings (Hogue, Dauber, Samuolis, & Liddle, 2006). Parents who interact with their adolescent offspring through activities that are both engaging and challenging encourage adolescents to build skills and competencies (Hogue et al., 2006).

There is a link between effective parenting and adolescent social and psychological functioning and adjustment. Research indicated that emotional support by parents and parent engagement are significant predictors of adolescent well-being (Gaylord-Harden, Campbell, & Kesselring, 2010). Adolescents are more susceptible to substance use when there is a lack of supportive parenting (Brody et al., 2009).

Adolescents adjust to changes better when there is parental control and monitoring as well as shared activities and positive interactions between family members and with parents (Gutman, McLoyd, & Tokoyama, 2005). Bean, Barber, and Crane (2006) stated that adolescent problem behavior is negatively associated with parent's behavioral control. Also, violence and behaviors that compromise healthy decision-making are lower when there is higher parental supervision (Vazsonyi, Pickering, & Bolland, 2006).

Parenting can be challenging when trying to manage difficult behavior exhibited by children and youth, especially with the children who are evolving through adolescence, ages 12-18 (Jivanjee, Kruzich, & Gordon, 2009). Adolescents are faced with challenges adapting to change and transitioning socially, emotionally, and physically (Jivanjee et al., 2009). Parents going through personal stress internally and externally have a difficult time managing adolescents faced with these changes (Gutman et al., 2005). There are many risk factors associated with adolescent development such as gang involvement, substance use, and behavior issues. The main focus of the present project will be substance use treatment among adolescents and their families.

Purpose of the Project

The purpose of this project was to write a grant proposal seeking funds to develop a family-based treatment program designed for adolescents and their families from low-economic neighborhoods who face substance use problems and identify funding sources for this program in Los Angeles County. The goals of the proposed program were to diminish risk factors, while enhancing protective factors for youth and their families such as strengthening family relationships. Some risk factors include early aggressive behavior, poor social skills, and lack of parental supervision (NIDA, 2010). Some protective factors include strong bond between adolescent and parents, academic competence, and strong community integration (NIDA, 2010). The objectives of the proposed program are to reduce adolescent drug use, facilitate adaptive and protective developmental processes, strengthen family communication, and provide psychoeducation on substance use for adolescents and their families.

Multicultural Relevance

The proposed host agency, Occupational Therapy Training Program (OTTP), values diversity and recognizes youth and families from various cultures and ethnicities, and more specifically those who are at-risk and economically disadvantaged throughout Los Angeles County. Adolescent youth are the most prone to using substances (NIDA, 2010). Adolescents from all cultures are affected by substance use. Research on racial, ethnic, and cultural factors surrounding substance use are used by researchers and policy-makers to label certain groups as being “high risk” and “low risk,” which stigmatizes certain groups but is useful for informing where resources should be provided for prevention and treatment (Unger, 2012).

In addition, studies have shown the importance of recognizing cultural differences in parenting and risk and protective factors (Brindis et al., 2002; Gaylord-Harden et al., 2010; Kogan & Brody, 2010). There is a high percentage of Latinos living in Los Angeles County making up 48.3% of the population, followed by 14.6% Asian American, and 9.2% African American (U.S. Census Bureau, 2014). Cultural competency is key when working with families in the community. The proposed program will consider a population's worldview and historical and social contexts that are culturally rooted in the community. When working in therapy groups, culturally appropriate techniques and program activities are critical in the development and application of the intervention program (Toseland & Rivas, 2012).

Social Work Relevance

Funding of the proposed program directly impacts social work professionals and the human service field. Social workers must be aware of the outcomes of youth who use substances. Social workers have the ability and access to resources that assist adolescent youth and their families navigate large systems such as school systems and the juvenile justice system. In addition, social workers can provide appropriate family-based treatment that will provide support and guidance that will help adolescents and families foster healthy relationships and make healthy decisions in daily living without the dependence of substances.

Social workers who have insight about available resources that meet the needs of at-risk and economically disadvantaged adolescents and their families are important to the success of these adolescent youth. Social workers who assist adolescent youth develop healthy coping skills, interpersonal relationship skills, and communication skills will help reduce adolescent substance use and strengthen family bonds.

Definition of Terms

Adolescence—A human developmental stage denoted by a time of accelerated growth of physiological, cognitive, social and emotional changes that occur concurrently (Jivanjee et al., 2009).

Multi-dimensional family therapy (MDFT)—A comprehensive and multicomponent, stage-oriented therapy that takes on a family-based, developmental-ecological, and multiple systems approach; assesses four things: (1) the adolescent as an individual and a member of a family and peer network; (2) the parent(s), both as individual adults and in his or her role as mother, father or caregiver; (3) the family environment and family relationships, as manifested in day-to-day family transactional patterns; and (4) extrafamilial sources of influence such as peers, school, and juvenile justice (Liddle et al., 2001).

Multifamily therapy groups (MFTG)—Involves working with a collection of families in a group setting that includes the family member that is identified for treatment; combines the power of group process and mutual aid with the systems focus of family therapy; ideally suited to working with families facing similar problems such as potential substance abuse (Springer & Orsbon, 2002).

Protective factors—Conditions or attributes of individuals, families, communities, or the larger society that reduce or eliminate risk and promote healthy development and well-being of youth and families (U.S. Department of Health and Human Services, 2015).

Risk factors—"Any influences that increase the chances for harm, or more specifically, influences that increase the probability of onset, digression to a more serious state, or maintenance of a problem condition" (Clark, Nguyen, & Belgrave, 2011, p. 359).

Substance addiction—Substance dependence, indicated by the presence of three or

more of the following criteria in the last 12 months: tolerance, withdrawal symptoms, continued use of drug despite harm, loss of control, salience, reduced involvement (American Psychiatric Association [APA], 2013).

Substance abuse—A maladaptive pattern of substance use resulting in significant negative physical, social, interpersonal or legal consequences; unlike substance dependence, the criteria for abuse do not include tolerance, withdrawal, or a pattern of compulsive or uncontrolled use (APA, 2013).

Substance use disorder—“A cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems” (APA, 2013, p. 483).

CHAPTER 2

LITERATURE REVIEW

This section will present research on adolescent substance use and discuss the risk and protective factors associated with substance use. Research on the impacts of family life, community, and peer influence on adolescent development is also presented. Ethnic and gender differences in adolescent substance use will also be discussed. The writer will also review and present literature on the various approaches to address issues of adolescent substance use and family-based treatments targeting the risk and protective factors.

Adolescent Substance Use

Substance use, delinquency, and other problem behaviors continue to be serious problems afflicting American youth. Adolescence is a developmental stage where experimentation is common and healthy and unhealthy behaviors are being tested. Decision-making skills are new during this developmental stage and are influenced by many environmental factors including family, school, and the community. Adolescents have the tendency to seek new experiences and are faced with challenges calculating the risks that are associated with some behaviors (Jimenez-Iglesias, Moreno, Rivera, & García-Moya, 2013). Therefore, adolescents are the most suitable population to work with on promoting adoption of healthy habits and prevent or change any unhealthy habits, such as substance use. There are preventive measures and interventions that alleviate substance use problems among adolescents that will be discussed later in this review.

Substance abuse is a maladaptive pattern of substance use resulting in significant negative physical, social, interpersonal or legal consequences. Unlike substance dependence, the criteria for abuse do not include tolerance, withdrawal, or a pattern of compulsive or uncontrolled use (APA, 2013). According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; APA, 2013), addiction is substance dependence indicated by the presence of three or more of the following criteria in 12 months: tolerance, withdrawal symptoms, continued use of drug despite harm, loss of control, salience, and reduced involvement in daily functioning (APA, 2013). Substance use related disorders are likely to occur among the adolescent population if not treated properly through preventive measures and early interventions (Taylor, 2010).

According to research, adolescents aged 14 to 19 are among the most affected (Gopiram & Thomas Kishore, 2014). Drugs used by adolescents include: alcohol, marijuana, illicit drugs, psychotherapeutics (pain relievers, stimulants and depressants), cocaine, hallucinogens, inhalants, and heroin. According to the Substance Abuse and Mental Health Services Administration (SAMHSA; 2012), males aged 12 or older are more likely to use, abuse, and be dependent on alcohol or illicit drugs than females.

Studies have found a positive association between early age of onset of substance use and greater substance use involvement in young adulthood (ages 19 to 24 years; Griffin, Bang, & Botvin, 2010). Substance use escalates during adolescence and peaks in young adulthood (Griffin et al., 2010). Males aged 18 to 25 years have a higher rate of dependence or abuse than their female counterparts, and had higher rates of illicit drug use than youths (aged 12 to 17 years), adults (aged 26 to 64 years) and older adults (aged 65 and up; SAMHSA, 2012).

Ethnic and Gender Differences in Adolescent Substance Use

Ethnic Differences

Among most ethnic groups there has been a decline in substance use rates since 1999 (Kann et al., 2014). Results from surveys indicate that among African American students, drug use is generally less prevalent when compared to Caucasian and Latino students. For instance, the Centers for Disease Control and Prevention reported that lifetime alcohol use among adolescents who were in grades 9-12 was most prevalent between Caucasians (36%) and Latinos (37.5%) than African American students (29.6%; Kann et al., 2014). Latino students within the same age group reported higher rates of lifetime alcohol use than Caucasian and African American students. However, the highest use of marijuana was among African American (46.8%), then by Latinos (48.8%), and then among Caucasian American students (36.7%). African American youth generally tend to use drugs at lower rates than either Caucasian or Latino youth.

Although African American youth tend to use drugs at lower rates than other ethnic groups, Clark, Belgrave, and Nasim (2008) explain that African American youth are considered to be at greater risk of drug use because of increased exposure to contextual disadvantages such as poverty, being a victim of or witness of crime, and difficulties transitioning from adolescence to adulthood. Research has shown that African Americans are faced with more serious social and health related consequences of drug use when compared to Caucasian or Latino youth, even though marijuana and alcohol use is less prevalent among African American youth when compared to other ethnic groups (Galea & Rudenstine, 2005).

Gender Differences

According to the SAMHSA (2012), males aged 12 or older are have been reported more likely to use, abuse, and be dependent on alcohol or illicit drugs than their female counterparts. Although males are more likely to develop an addiction, females are more likely to progress more rapidly from substance use to dependence (Black, 2011).

According to the SAMHSA (2012), the rate of illicit drug use among individuals aged 12 or older was higher for males (11.5%) than for females (7.3%). Males were more likely than females to use marijuana, cocaine, and hallucinogens. Also, in 2013, the rate of illicit drug use was higher for males than females aged 12 to 17. The rate of marijuana use among males aged 12 to 17 declined from 9.1% in 2002 to 6.9% in 2006, increased between 2006 and 2011 (9%), then decreased from 2011 to 2012 (7.5%), and remained stable in 2013 (7.9%). The rate of marijuana use among females aged 12 to 17 decreased from 7.2% in 2002 and 2003 to 6.2% in 2013 (Kann et al., 2014).

Risk Factors and Protective Factors for Substance Use

Risk factors are "any influences that increase the chances for harm, or more specifically, influences that increase the probability of onset, digression to a more serious state, or maintenance of a problem condition" (Clark et al., 2011, p. 359). Protective factors are "conditions or attributes of individuals, families, communities, or the larger society that reduce or eliminate risk and promote healthy development and well-being of children and families" (U.S. Department of Health and Human Services, 2015, p. 4).

Risk and protective factors that influence adolescent substance use can be categorized in three different domains that include individual, family, and community (e.g. school, peers).

Clark et al. (2011) use the term promotive factors interchangeable with risk factors and in his study found that promotive factors have a more direct influence on positive outcomes independent of risk, whereas protective factors indirectly lower the chances of negative outcomes in the presence of risk. The study included 907 tenth and twelfth grade African American adolescents who live in rural and urban communities. About 53% of the participants were female and 46% male, 53% tenth graders, 47% twelfth graders, and 94% from urban areas and 5% from rural areas. All participants completed the 2005 Community Youth Survey (CYS), which consisted of items that examined individual, family, peer, and community risk and protective factors for alcohol and marijuana use. The researchers found that adolescents who reported lower academic achievement or having peers that engage in drug use were more likely to consume alcohol and smoke marijuana than their counterparts in the past 30 days (Clark et al., 2011). The literature suggests interventions in the school and community settings to enhance protective factors such as positive peer influence and attitudes that favor prosocial behaviors (Clark et al., 2011).

Taylor (2010) identifies three categories of protective factors including individual characteristics, positive family and community bonding, and healthy beliefs and clear standards. The research reveals that positive family and community bonding decreases the incidence of substance use among adolescents who are attached to positive families, friends, schools, and communities. In addition, individual characteristics such as resiliency factors, positive social skills, and the appropriate use of cognitive processes are shown to decrease the likelihood of substance use problems (Taylor, 2010).

Arthur, Hawkins, Pollard, Catalano, and Baglioni (2002) evaluated a self-report instrument that informed prevention planning by identifying risk factors and protective

factors. The instrument was developed to measure an array of risk factors and protective factors that helped generate prevention and early interventions for substance use among youth populations. The self-report survey instrument was entitled, “The Communities That Care Youth Survey.” The data represented a sample of more than 10,000 students in grades 6, 8, and 11. The research revealed that community risk factors such as low neighborhood attachment and perceived availability of drugs to be most influential on adolescent substance use (Arthur et al., 2002).

In addition to individual and community risk and protective factors, family factors are critical influences on child and adolescent development (Austin, Macgowan, & Wagner, 2005). These factors include poor family management, family conflict, and parental attitudes to drug use and antisocial behavior (Arthur et al., 2002). Parental knowledge, family activities, and adolescent disclosure are also associated with lower substance use (Jimenez-Iglesias et al., 2013). In addition, open communication, parental monitoring, and family cohesion are protective factors helping to prevent substance use in adolescence (Jimenez-Iglesias et al., 2013).

Factors such as family, community, peers, individual, and schools play different roles in influencing adolescent substance use. The risk factors and protective factors help make predictions about adolescent behaviors such as substance use. Understanding the different risk and protective factors help to inform and develop preventive interventions for substance use treatments. Burrow-Sanchez (2006) states that the more risk factors that influence and affect an adolescent’s life, the higher the threat of an adolescent developing a substance use disorder. The literature suggests that during the initial assessment of an adolescent, it is critical for therapists to pay attention to these indicators that serve as predictors to the onset of substance use disorders (Clark et al., 2011).

Family Functioning and Adolescent Development

Systems theory describes human behavior in terms of complex systems. It explains that an effective system is based on individual needs, rewards, expectations, and attributes of the people living in the system who together must be able to perform some regular task, activity, or function and fulfill some purpose (Zastrow & Kirst-Ashman, 2013). This theory rationalizes that the inner world of an individual interacts with the external environment such as family, peers, and community in which surrounds him or her (Zastrow & Kirst-Ashman, 2013). Youth develop within a context of a variety of social systems that include family, peers, communities, institutions, and government. Among social systems' influences on the learning and development of youth, family relationships appear to be one of the most significant deterrents against alcohol and other drugs (Pagan Rivera & DePaulo, 2013). Family is the foundational system of human development and plays a critical role in protecting children and promoting healthy behaviors (Austin et al., 2005; Jimenez-Iglesias et al., 2013; Kumpfer, Alvarado, & Whiteside, 2003). According to the NIDA (2003), families play a major role in their children's behavioral problems and their drug use patterns. Therefore, targeting risk and protective factors in family-based treatment help promote healthy and responsible behaviors among adolescents that deflect substance use.

Strong family bonds are associated with lower rates of substance use for all youth. Adolescents are less likely to turn to substance use and engage in risky behavior when there is a strong connection with their parents and the community (Clark et al., 2011). Adolescents are less likely to engage in these risk behaviors when the sense of physical, emotional, and economic security is present (Henggeler & Sheidow, 2012). Additionally, having input on decision-making also decreases the likelihood of adolescent risk

behaviors by providing adolescents a safe space where they are able to express their thoughts and feelings (Hogue et al., 2006). Parents who interact with adolescent offspring through activities that are both engaging and challenging encourage adolescents to build skills and competencies (Kumpfer et al., 2003).

There is a link between effective parenting and adolescent social and psychological functioning and adjustment. Research indicated that emotional support by parents and parent engagement are significant predictors of adolescent well-being (Gaylord-Harden et al., 2010; Ghazarian & Roche, 2010; Kogan & Brody 2010). Adolescents are more susceptible to substance use when there is a lack of supportive parenting (Brody et al., 2009). Adolescents adjust to changes better when there is parental control, monitoring, and shared activities and positive interactions between family members and with parents (Gutman et al., 2005). Bean et al. (2006) stated that adolescent problem behavior is negatively associated with parent's behavioral control. Another study found that violence and behaviors that compromise healthy decision-making are lower when there is more parental supervision (Vazsonyi et al., 2006).

Parenting can be challenging when trying to manage difficult behavior exhibited by children and youth, especially with the children who are evolving through adolescence, ages 12-18 (Jivanjee et al., 2009). Adolescents are faced with challenges with change and transitioning socially, emotionally, and physically (Jivanjee et al., 2009). Parents going through personal stress internally and externally have a difficult time with these changes faced by adolescents (Gutman et al., 2005). Personal challenges faced by parents or caretakers in addition to child's substance use issues and other related behavior problems affect the parent-child relationship and can either strengthen or weaken family bonding (Solem, 2013).

Attempts to Address Issues of Adolescent Substance Use

Throughout the early history of drug use in America, it has been recorded that substance users were punished criminally. Issues of substances use have been addressed punitively rather than one of public health. During the 1960s, efforts were focused on reducing the supply of substances in the United States primarily through law enforcement punishment for possession and distribution (i.e., the War on Drugs; Mieczkoski, 1998). After thirty years of war on drugs, there was an increase of punitive politics, more easily obtainable illicit drugs, greater drug potency, and richer drug barons (Brown, 1981). By mid 1980s, there was a slight reduction in alcohol use among youth due to the 21 years age limit that was established (Brown, 1981). The unintended consequences of regulatory policies resulted in more Americans in federal prison for drug crimes and criminalized a generation of African American and Hispanic men (Lynch, 2012). Among adolescents, a zero-tolerance approach to drug and alcohol prevention was ineffective and in some cases gave indication against the advisability of this approach (Gorman, 1997). Despite the early attempts to solve issues of substance use, based on research, substance use issues are a matter of public health and it is critical to focus on working with and supporting individuals, specifically at-risk and economically disadvantaged adolescents and their families in providing psychoeducation and family-based treatments.

School-Based Interventions

School-based prevention interventions include focusing on high-school age youth and reducing the motivations to use substances by educating and facilitating discussions around conformity, individuating, and self-management (Caulkins, Pacula, Paddock, & Chiesa, 2004). Nationally, the most commonly evaluated strategy was the establishment of drug education programs at middle and high schools. These programs were developed

to improve conditions for healthy child and adolescent development. These programs embrace the social-influence model and attempt to teach assertiveness training, self-esteem enhancement, and improve decision making among young adults in middle and high schools (Midford, 2000).

LifeSkills Training (LST) Program is a school-based drug prevention program in which students are taught a mixture of social resistance skills and general life skills (Botvin, Griffin, & Nichols, 2006). The program targets peer and individual factors that promote substance use and focuses on educating students on and helping them develop drug resistance skills, personal self-management skills, and general social skills (Botvin et al., 2006). Teachers at the school implement the curricula using cognitive-behavioral skills training techniques such as instruction, demonstration, and social reinforcement by teachers (Botvin et al., 2006). Outcome studies reveal significant decrease in cigarette smoking, alcohol consumption, and marijuana use among students who participated in the LST program (Botvin et al., 2006). Although research has shown the fidelity of the program outcomes, schools face many challenges during implementation of the LST program (Mihalic, Fagan, & Argamaso, 2008). Barriers faced by schools implementing the program include logistical items such as finding a room in the school schedule, schools trying to avoid taking time away from academic subjects, and gaining full support from principals and other school administrators (Mihalic et al., 2008). In addition, student misbehavior and classroom management difficulties reported by many teachers negatively affect the implementation of the interactive components in the curriculum (Mihalic et al., 2008).

Another school-based prevention program that has been evaluated is Keepin' It REAL. This school-based prevention program was designed to reduce substance use and

promote anti-drug attitudes and norms among middle school students. This program provides additional support to middle school students that are perceived as high risk for substance use. Like other school-based prevention programs, such as LifeSkills Training Program, the Keepin' It REAL program faces many obstacles in delivering and implementing preventative programs such as the referral procedures for gathering high risk students to participate in the substance use prevention program (Marsiglia, Pena, Nieri, & Nagoshi, 2010).

Family-Based Interventions

Family-based interventions aim to address adolescent substance use and related behavior problems through therapeutic interactions and transactions between the adolescent and one or more family members. Research has shown the promising family-based approaches to and positive outcomes among adolescent substance use treatment (Austin et al., 2005; Jimenez-Iglesias et al., 2013; Szapocznik, Zarate, Duff, & Muir, 2013). There are substantial findings and increasing empirical support for family-based interventions and family-based treatments suggesting their potential effectiveness for dealing with adolescent substance use problems.

A program called Creating Lasting Family Connections (CLFC) is a community- and faith-based initiative designed to delay the onset and subsequent use of alcohol and other drugs by adolescents. It is a selective intervention that operates by targeting various community, family, and youth protective factors in an attempt to enhance the overall resiliency of families and children. The program targets protective factors by encouraging participants to improve their personal growth through increasing self-awareness, expression of feelings, interpersonal communication, and self-disclosure. Participants are provided opportunities to practice social skills, refusal skills, and

appropriate alcohol and drug knowledge and healthy beliefs, which provide a strong defense against environmental risk factors that can lead to negative outcomes for youth, in a safe peer-group setting. The CLFC program also provides parents and other caring adults with family management, family enhancement, and communications training. Research reported that the program was effective in reducing the frequency of alcohol use and other drug use at the 12-month assessment of the program (Griffin et al., 2010).

Another program called Strengthening Families Program (SFP) included behavioral parent training, family skills training, and family therapy and education. The SFP was replicated and applied to different cultural groups and with different ages of children and resulted in positive associations of family cohesion and reduction of substance use (Kumpfer et al., 2003). In an evaluation study of SFP done by Coombes, Allen, Marsh, and Foxcroft (2009), adolescents improved in communication skills and emotional management and reported less use of alcohol and other drugs. Both parents and adolescent children reported improved family functioning and emotional quality of parent-child relationships (Coombes et al., 2009). Effective family strengthening programs are to be included in all comprehensive substance use prevention activities (Coombes et al., 2009; Kumpfer et al., 2003).

Other family-based intervention approaches are the implementation of brief strategic family therapy (BFST) and multidimensional family therapy (MDFT). Brief strategic family therapy is designed to address problems behaviors such as substance use among at-risk individuals. Brief strategic family therapy is implemented in four distinct steps that include the following: (1) joining the family and building rapport, trust, and confidence; (2) assessing, tracking, and eliciting strengths and weaknesses and identifying problematic and supportive relationships that affect youth behavior or

parenting abilities; (3) taking steps in developing and reframing an approach to change that utilizes family strengths and applying to problematic relationships; and (4) restructuring family dynamics by implementing change strategies that fit the needs of the family as it relates to the assessment (Griffin et al., 2010; Santisteban, Coatsworth, Perez-Vidal, et al., 2003; Szapocznik et al., 2013).

Multidimensional family therapy (MDFT) is a family-based intervention for adolescent substance use and related behavioral problems that helps to eliminate drug use and delinquent behaviors by assisting adolescents and their families develop healthier substance-free lifestyle alternatives (Liddle, 2010). The intervention assesses, intervenes, and targets the following areas: the adolescent as an individual and as a member of a family and peer network and related problem behaviors (i.e., substance use, anti-social and aggressive behaviors), the parent as an individual and as their role of the caregiver and related emotional difficulty, the family environment and quality of family relationships and family dynamics, and sources outside the family such as peers, school, and the community (Liddle, 2010). Multidimensional family therapy focuses on the importance of combining efforts in treating individuals develop skills for daily functioning at home, at school, and in the community (Liddle, 2010). In addition, MDFT is associated with large reductions in substance use immediately following treatment and at six and 12 months post treatment (Liddle et al., 2001). Multidimensional family therapy is an approach that integrates individual, family, and community interventions and has been proven to outperform other treatments (NIDA, 2010).

Multidimensional family therapy and BSFT demonstrated effectiveness in treating adolescents with multi-problems concurring with substance use problems (Liddle et al., 2001; Santisteban et al., 2003). A holistic model that recognizes that the behaviors of

adolescents have environmental influences, such as families, peers, school, community, media, and policy, guides MDFT and BSFT. These approaches turn the attention to creating healthy and supportive family environments for relationship and skills building (Liddle et al., 2001). In addition, MDFT and BSFT has been proven to be effective in multiple social work practice settings including homes, schools, and communities in an effort to improve treatment accessibility and engagement (Liddle et al., 2001; Santisteban et al., 2003). Both MDFT and BSFT and their specific therapeutic components are consistent with guidelines for effective treatment for adolescents with substance use problems (Williams, Chang, & Addiction Centre Adolescent Research Group, 2000).

The ultimate goal of family-based treatment for adolescent substance use is to enable individuals and their families to build communication skills, social skills, and family skills that serve as protective factors against potential substance use issues. The immediate goals of treatment are to reduce substance use, improve a patient's ability to function, and minimize the medical and social complications of substance use. Substance use treatments help people to change their behavior and adopt healthier lifestyles. Family-based therapy is an effective approach utilized by treatment professionals to help adolescents at risk for substance use issues change their thoughts and behavior around substances and develop healthy coping and social skills in their home, school, and community environments.

Discussion and Summary of Reviewed Research

Substance use and the risks for substance abuse and development of substance dependence and addiction are highest among the adolescent population. Adolescence is the ideal stage of life and is most suitable time to intervene with substance use treatment. Many risk factors and protective factors are targeted and used to inform preventive

interventions among the adolescent population. Individual, family, peer, and community risk and protective factors are associated with substance use and among these factors, research has shown the importance of targeting individual and family risk and protective factors (Clark et al., 2011; Jimenez-Iglesias et al., 2013).

In reviewing the research, family-based interventions have shown the most effectiveness by providing opportunities for adolescents to build social competence and prosocial behaviors through acquiring new communication skills that function within the family dynamics. In addition, parents or caretakers who participate in treatment have the opportunity to improve their parenting skills and monitoring. Family cohesion and engagement serve as protective factors in which family-based interventions target through BSFT and MDFT (Liddle et al., 2001; Santisteban et al., 2003). There is increasing empirical support for family-based interventions and effectiveness when dealing with adolescent substance use problems and are most effective when there is a multidimensional prevention approach that work with all three elements of family, school, and community (Velleman, Templeton, & Copello, 2005).

The proposed substance use treatment program will address the needs of adolescents and their families, as well as provide access to community resources. It will assist program participants in accessing and engaging in treatment at home, school, or in the community. Participants will have the support and guidance in developing the needed skills to optimize functioning in everyday life. In addition, participants and family members will build the skills needed to implement strategies for change and improving family relationships. The proposed program will assist participants in building stronger and healthier relationships with families and build self-esteem for daily functioning at home, school, and in the community.

CHAPTER 3
METHODOLOGY

Target Population

According to population estimates from the California Department of Finance (2014), there were 530,571 youth ages 14-17, living in Los Angeles County in 2014, accounting for 13% of the County's total population. For the purpose of this project, the target population identified in this grant proposal is adolescents in high school, ages 13-17, who face substance use problems in Los Angeles County. However, the majority of the targeted population will come from the South Bay and Torrance area.

Potential Funding Sources

The proposed project looked for funders with interest in youth and adolescent development, parenting, family enrichment, and substance use prevention and intervention. The potential funding agency had interest in parenting, psychoeducation, and family therapy. The researcher reviewed current philanthropy databases at the Center for Nonprofit Management, located in Los Angeles, California as well as the databases at the host agency, Occupational Therapy Training Program (OTTP). Key words used in the database search are as follows: family enrichment, adolescent development, mental health, psychoeducation, prevention services, family therapy, and substance use, abuse, and addiction. The proposed funding source entailed and was not limited to the following: (1) proposed field of interest such as children, youth, and family enrichment, mental health, parenting, education, prevention, services awareness, family

therapy, substance use; (2) proposed geographic location such as Los Angeles County, South Bay and Torrance area; (3) proposed type of support such as program development, capacity building, management development, training; (4) proposed capital to fund appropriately the proposed project; (5) application requirements to be filled on a rolling/open bases.

The potential funding sources are as follows: Substance Abuse and Mental Health Services Administration (SAMHSA), Conrad N. Hilton Foundation, Robert Wood Johnson Foundation, California Community Foundation (CCF), and Edna McConnell Clark Foundation (EMCF). These potential funding sources were located through different avenues which include the following: by reviewing the past and current funders of the host agency, browsing through the databases from the grantsmanship center and long beach non-profit partnership, consulting with a colleague who is employed as a grant writer, and reviewing lists of supporters from other agencies that have similar mission statements as the host agency.

A funding opportunity that was found browsing through grants.gov was the Conrad N. Hilton Foundation. This foundation is a private funder and the majority of funding is devoted to priority areas which include providing safe water, ending chronic homelessness, preventing substance abuse, helping children affected by HIV and AIDS, supporting older youth in foster care, and strengthening congregations of Catholic Sisters (Conrad N. Hilton Foundation, 2015). It was considered to apply to this foundation because one of their priority areas is preventing substance abuse. One limitation to using this funder is that because the foundation is a global funder, their grant funds are distributed between the United States and internationally. Domestically their homelessness initiative focuses on Los Angeles County and the foster care initiative

targets Los Angeles County and New York City (Conrad N. Hilton Foundation, 2015). Internationally, much of their work focuses on Sub-Saharan Africa (Conrad N. Hilton Foundation, 2015). The foundation may or may not have grants available throughout the year for this particular priority area of treating substance use. Additionally, because the primary geographic focus that is local to the foundation are Agoura Hills, Westlake Village, and Thousand Oaks, the funder may not fund programs in the specified cities of Los Angeles County that are addressed in the proposed program at the time of need.

Robert Wood Johnson Foundation (RWJF) was another private funder that supports public entities. This private funder was worth considering because of one of their broad areas of focus is on child and family well-being by helping parents provide what is best for their children and connect with their children. The foundation recognizes that many families face hardships that can impair their children's health and fund projects in the United States and U.S. territories that advance their mission to improve the health and health care of all Americans (RWJF, 2015). Limitations to using this particular funder included the following: may not have calls for proposal (CFPs) connected with the focus on substance use intervention at the time of need, funding opportunity may not be available when needed to start the proposed program, and the giving range may not fulfill the need of the propose program.

California Community Foundation (CCF) was another public funder that helps improve the lives of residents throughout Los Angeles County. They help strengthen the entire nonprofit sector in the region by being advocates, builder of futures, and grantmakers among other roles within the community. This foundation was considered as a funding source for the proposed program because their mission was to improve lives for all residents, especially those from low-income and underserved communities, to

promote philanthropy and act as an effective steward of charitable funds, and to work with others to address the core causes of challenges facing the Los Angeles region (CCF, 2015). The CCF partners with nonprofit organizations to maximize their impact by offering long-term funding opportunities (CCF, 2015). One of the priority areas for funding was transition aged youth (CCF, 2015). This may or may not be a limitation that affects the proposed program because the youth and families may or may not identify as youth that are aged out of either the child welfare (i.e., foster care) or delinquency (i.e., probation) systems in L.A. County. Additionally, the limits on funding were not transparent and therefore may not meet the financial needs of the proposed program.

Another public funder that was found was the Edna McConnell Clark Foundation (EMCF). This foundation was located by browsing through other organizations' funding sources that provide similar services as the host agency. This funder was considered because the proposed project meets the eligibility requirements. Edna McConnell Clark Foundation invested in direct-service organizations that help economically disadvantaged young people in the United States, ages 9 to 24 by improving their educational skills and achievement, preparing them for the world of work so they can find and hold jobs and achieve economic self-sufficiency, and help them avoid irresponsible and unproductive behaviors (EMCF, 2015). Edna McConnell Clark Foundation concentrated on organizations that served the most vulnerable and hard-to-reach youth who were least likely to succeed without extra help (EMCF, 2015). The foundation focused on helping organizations working with youth who come from impoverished neighborhoods who have dropped out of or are at risk of dropping out of school, who are out of school and out of work, who are involved in or exiting the juvenile justice system, who are involved in or

transitioning out of foster care, and who are engaged in or in danger of engaging in risky behaviors that can interfere with other life challenges (EMCF, 2015).

Limitations to using this funder were that there are many competitors that applied for funding from this foundation. Because of the vast competitors, the foundation had a rigorous process comparing investment opportunities with others already in their portfolio and under consideration and was not considered for proposed program in comparison to other existing agencies.

Funding Source Selected

Among the potential funding sources listed above, SAMHSA would be used for the proposed thesis project. This funding source is directly connected to the mission of the proposed project in reducing the impact of substance use and mental illness on communities. The proposed project is eligible to receive continuation grants. The reviewer reviewed past and current funding sources that supported the host agency's programs and located the SAMHSA as potential funder. SAMHSA makes grant funds available through the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services. SAMHSA funds opportunities that support programs for substance use disorders and mental illness, and provide opportunities to learn more about the grant application, review, and management process. The grant writer considered applying to this particular funder because the host agency has been funded by this agency before and SAMHSA's mission is in line with what the proposed project aims to achieve. SAMHSA is the agency within the U.S. Department of Health and Human and their mission is to reduce the impact of substance abuse and mental illness on America's communities.

Limitations to using SAMHSA as a funding source are that there is a possibility that they will not fund an organization with multiple programs that deal with substance use issues, that there may not have available grant opportunities as needed, and that the giving range may not be enough to fulfill the proposed program needs. These limitations will affect when and how the proposed program will be operated.

Needs Assessment and Collection of Data

This researcher reviewed literature on the adolescent population and families using the statistical databases on population estimates such as the U.S. Census Bureau and the Los Angeles County Census. To better understand the social trends of parenting and adolescent development, literature on the prevalence of substance use and other risk behaviors among the population was reviewed. Interviews were conducted with program staff at OTTP about substance use and family therapy in the community they serve. Program ideas that were discussed with program staff ensured that the program met the needs of the families in the community.

The findings of other studies from the related literature included current research and statistical data on the social, health, and mental health related problems associated with parenting, adolescent development, and substance use. Additionally, reviewed literature included family therapies used for treating adolescent substance use.

CHAPTER 4

NARRATIVE GRANT PROPOSAL

Problem Statement

Substance use is a major public health issue across America that does not discriminate against age, ethnicity, and gender. Although substance use affects all populations, among the highest users are adolescents. It is important to focus on the adolescent population because their developmental vulnerability and flexibility. Adolescence is a time where various biological, psychological, and social changes are undergoing pressures and flexibility of challenges. Substance use without guidance and information can be detrimental to the health and well-being of adolescents who are the future adults and older adults of our communities.

Adolescence is a developmental stage where experimentation is common and healthy and unhealthy behaviors are being tested. Decision-making skills are new during this developmental stage and are influenced by many environmental factors including family, school, and the community. Adolescents have the tendency to seek new experiences and are faced with challenges calculating the risks that are associated with some behaviors (Jimenez-Iglesias, et al., 2013). Therefore, adolescents are the most suitable population to work with on promoting adoption of healthy habits and prevent or change any unhealthy habits, such as substance use.

According to research, adolescents aged 14 to 19 are among the most affected (Gopiram & Thomas Kishore, 2014). Drugs used by adolescents include: alcohol, marijuana, illicit drugs, psychotherapeutics (pain relievers, stimulants and depressants), cocaine, hallucinogens, inhalants, and heroin. According SAMHSA (2012), males aged

12 or older are more likely to use, abuse and be dependent on alcohol or illicit drugs than their female counterparts.

Studies have found a positive association between early age of onset of substance use and greater substance use involvement in young adulthood (ages 19 to 24 years) (Griffin et al., 2010). Substance use escalates during adolescence and peaks in young adulthood (Griffin et al., 2010). Males aged 18 to 25 years have a higher rate of dependence or abuse than their female counterparts, and had higher rates of illicit drug use than youth (aged 12 to 17 years), adults (aged 26 to 64 years) and older adults (aged 65 and up; SAMHSA, 2012).

Strong family bonds are associated with lower rates of substance use for all youth. Adolescents are less likely to turn to substance use and engage in risky behavior when there is a strong connection with their parents and the community (Clark et al., 2011). Adolescents are less likely to engage in these risk behaviors when the sense of physical, emotional, and economic security is present (Henggeler & Sheidow, 2012). Additionally, having input on decision-making also decreases the likelihood of adolescent risky behaviors by providing adolescents a safe space where they are able to express their thoughts and feelings (Hogue et al., 2006). Parents who interact with their adolescent offspring through activities that are both engaging and challenging encourage adolescents to build skills and competencies (Kumpfer et al., 2003).

There is a link between effective parenting and adolescent social and psychological functioning and adjustment. Research indicated that emotional support by parents and parent engagement are significant predictors of adolescent well-being (Ghazarian & Roche, 2010; Kogan & Brody 2010). Adolescents are more susceptible to substance use when there is a lack of supportive parenting (Brody et al., 2009).

Adolescents adjust to changes better when there is parental control and monitoring as well as shared activities and positive interactions between family members and with parents (Gutman et al., 2005). Bean et al. (2006) stated that adolescent problem behaviors are negatively associated with parent's behavioral control. Also, violence and behaviors that compromise healthy decision-making are lower when there is higher parental supervision (Vazsonyi et al., 2006).

Parenting can be challenging when trying to manage difficult behavior exhibited by children and youth, especially with the children who are evolving through adolescence, ages 12-18 (Jivanjee et al., 2009). Adolescents are faced with challenges with change and transitioning socially, emotionally, and physically (Jivanjee et al., 2009). Parents going through personal stress internally and externally have a difficult time with these changes faced by adolescents (Gutman et al., 2005). Personal challenges faced by parents or caretakers in addition to a child's substance use issues and other related behavior problems affect the parent-child relationship and can either strengthen or weaken family bonding (Solem, 2013).

Factors such as family, community, peers, individual, and schools play different roles in influencing adolescent substance use. The risk factors and protective factors help make predictions about adolescent behaviors such as substance use. Understanding the different risk factors and protective factors help to inform and develop preventive interventions for substance use treatments. Burrow-Sanchez (2006) states that the more risk factors that influence and affect an adolescent's life, the higher the threat of an adolescent developing a substance use disorder. The literature suggests that during the initial assessment of an adolescent, it is critical for therapists to pay attention to these indicators that serve as predictors to the onset of substance use issues (Clark et al., 2011).

Host Agency

Occupational Therapy Training Program (OTTP) was identified as the host agency for this program. OTTP is a 501 (c) (3), non-profit community mental health agency developed in 1975 to serve the needs of children, youth, and families throughout Los Angeles County (OTTP, 2015). OTTP is located in Torrance, CA and serves a population of more than 100,000 youth and families throughout Los Angeles who are at-risk and economically disadvantaged (OTTP, 2015). Occupational Therapy Training Program emphasizes engaging individuals in meaningful and purposeful activity to develop the skills they need to function most optimally in everyday life (OTTP, 2015). The agency's mission is to provide young people with the skills they need to function effectively within the context of daily life (OTTP, 2015). Participants in the proposed substance use treatment program will have access to the various services provided by OTTP. For example, OTTP provides services to individuals of all ages that include school-based mental health services, comprehensive mental health and case management services, and specialty programs such as a food fitness program and a music therapy group (OTTP, 2015).

The proposed program reflects OTTP's mission in addressing prevention and intervention options that help individuals develop skills they need to function in their home, school, and community environments. The proposed program will provide additional services that will address parenting and substance use issues, family communication and conflict resolution, psychoeducation on substance use, strategies to manage the adolescents' care and service use, the personal issues and feelings of family members, positive outcomes experienced by families in the home environment, and advocating for needed services in other environments such as school and the juvenile

justice system. Occupational Therapy Training Program thrives on facilitating an individual's ability to develop the skills necessary to perform his or her daily occupations.

Goals and Objectives of the Program

Because substance use may lead to other detriments in life, the proposed program aims at working directly with adolescents and their families to build greater bonds and positively reshape how family members connect with each other. Substance use is a systemic issue that stems from institutional injustices and familial foundations. In collaboration with other systems such as schools and the juvenile justice as necessary, this program will help adolescents and their families with developing transferable skills to problem solve interpersonal conflict and build coping tools that assist with self-care, as well as advocating skills to navigate external systems.

The goals of the proposed program are to reduce adolescent drug use, provide psychoeducation on substance use, and facilitate adaptive and protective developmental processes. The program will accomplish these goals by meeting the following objectives: providing services to clients with substance use issues and their family to diminish risk factors such as early aggressive behavior, poor social skills, and lack of parental supervision (NIDA, 2003) and providing a place for clients and their families to share their feelings and gain support in enhancing protective factors such as a strong bond between adolescent and parents, academic competence, and strong community integration (NIDA, 2003). The proposed program will provide a positive time and space for adolescents and their families to strengthen their communication skills, problem solving skills, and gain knowledge about the affects of substance use, all of which are transferable skills.

Description of the Program

Based on the program's goals and objectives, participants will be identified, assessed, selected, and recruited in collaboration with community systems such as schools and the juvenile justice system. These systems will serve as focal points of the program for referrals and collaboration. The treatment team will consist of a clinical supervisor, therapists, and an occupational therapist. The treatment team will outreach to and recruit youth ages 13-17 and their families from high schools that are considered high-risk and or are in high-risk environments who are willing to participate. Because OTTP is the host agency, in-house referrals will also be included in the outreach and engagement.

The program will consist of three interactive modules. The first two modules will include 2-hour sessions each week for 10 weeks. The adolescent group and parent/caregiver group are separately and simultaneously ran for 10 weeks. The last module will consist of 2-hour sessions each week for four sessions. These last four sessions will include both adolescent and their parent/caregiver. The idea is to address individual needs in the first two modules that will help individuals develop skills to apply in the last module of activities where together as a family, the adolescent and their parent/caregiver can practice their skills and foster greater bonds within the family. The last module consists of multifamily sessions, which fosters mutual aid among the participating families. Individual therapy sessions will be provided on a weekly basis throughout the duration of group sessions as necessary per individual client.

Objective 1: decrease substance use and diminish risk factors such as early aggressive behavior, poor social skills, and lack of parental supervision. Clients and their

families will have knowledge about specific issues and will have interpersonal skills and problem-solving techniques for managing and coping with substance use issues and related behavioral issues.

Objective 2: clients and their families will have the space to share their feelings and gain support in enhancing protective factors such as a strong bond between adolescent and parents and developing a sense of community among other families. Clients and their families will practice techniques that are tools for a means to access and facilitate adaptive change personally and interpersonally.

Objective 3: increase knowledge and enhance clients' and families' knowledge of existing support services. Parents will have the ability to advocate and successfully navigate external systems such as schools and juvenile justice system and connect to community resources and appropriate alternative activities when necessary.

The design of the program is based on research of existing programs that address adolescent substance use such as Creating Lasting Family Connections (CLFC), Strengthening Families Program (SFP), and multidimensional family therapy (MDFT) model. The proposed program models components of SFP, such as parenting and family strengthening and skills training program, and components of the curriculum of CLFC that helps adolescents and families develop strong defenses against environmental risk factors. The approach is based on theories of MDFT, which targets a range of adolescent problem behaviors such as substance use, antisocial and aggressive behaviors.

To implement the proposed program, a 5-day training is required for the treatment team. The proposed program consists of a total of 14 sessions, which will take approximately 3-4 months per cycle to implement, and will serve 15 adolescents and their families per cycle. The program will potentially serve a total of 45 adolescents and their

families in one year. The treatment team will consists of a Clinical Director, Clinical Program Manager, therapists, and interns. The part-time (20-hour week) Clinical Director (LCSW, LMFT) will serve as administrator, manager, community convener, supervisor, and collaborator. The full-time (40-hour week) Clinical Program Manager (LCSW, LMFT) will manage and oversee day to day administrative tasks of the program and will be in communication with Clinical Director regarding research activities and program budgets; develop and implement policies and procedures, educate employees on workplace programs and changes, evaluate the work of staff members treatment/practice expert and leader, and respond to clinical emergencies. The therapists will consist of one therapist with a masters in social work (MSW) or marriage and family therapist (MFT) and one occupational therapist, Registered/Licensed (OTR/L) who will directly work with clients and families, perform initial intakes, assessments, treatment planning, and implementing program curriculum. Interns that are in a program working toward their MSW, MFT license, and occupational therapy (OT) registration will directly work with clients and families and assist in performing initial intakes, assessments, treatment planning, and implementing the program curriculum.

In regards to sustainability of the program, the host agency is supported by the following funding sources and has good relationships with the following funders: Los Angeles County Department of Mental Health, Los Angeles County Department of Community & Senior Services, Los Angeles County Department of Children & Family Services, Los Angeles County Department of Probation, United States Department of Labor, and Substance Abuse and Mental Health Services Administration. The Executive Director and Clinical Director will work together with the board of supervisors to build, maintain, and track available funding sources year round to achieve consistency and

positive relationships with foundations and county funders to provide continual funding for the proposed program. In addition, the host agency will continue to foster and maintain relationships with universities and colleges to provide internship opportunities to master level students who are studying in the fields of social work, marriage and family therapy, and occupational therapy in order to gain experience working with youth and families in the proposed program.

Budget Narrative and Line Item Budget

The total annual budget to implement and maintain the proposed family-based treatment program is approximately \$395,430. This amount includes direct and indirect program expenses, administrative expenses, and personnel costs. This budget is expected to fund all the required costs to comprehensively serve 15 families per cycle within one year. In order to effectively meet all the needs of the identified target population, the program will need access to a large sum of money.

The total cost to hire a part-time clinical director, full-time clinical program manager, and full-time therapists is approximately \$295,200. This cost includes employee benefits such as health and life insurance, dental, vision, 401K, workers compensation and unemployment.

The total direct program cost that will cover program supplies, educational supplies, office supplies, printing, postage, shipping, telephone, fax, and food supplies is \$19,000. Indirect program expenses equaled \$37,480, which includes program evaluation, laptops, and mileage reimbursements. Since OTTP is the host agency, costs for office space, rent, and utilities will be provided as in-kind resources. The Line-Item Budget is presented in the appendix.

Evaluation of the Program

Based on the goals and objectives, the projected results for the proposed program that will be evaluated are as follows: (1) reduced adolescent drug use; (2) increased knowledge about substance use; and (3) increased adaptive and protective developmental processes.

The clinical team will use pre and post-test tools to assess the program's effectiveness and evaluate the program. The first tool to be used is a pre and post-test evaluating adolescent drug use and of knowledge about substance use. Each client will have a substance use and knowledge scale in his or her chart when he or she first begins treatment. This scale will record client intake of substances before and after program participation as well as knowledge about substance use. The client will be evaluated at the beginning of treatment and after treatment. The substance use and knowledge scale will assist the administration in evaluating the goals of the program by determining how effective services are.

The second tool used will be the Client Care Coordination Plan (CCCP), which OTTP has used to evaluate the client's treatment goals as it relates to increased adaptive and protective developmental processes and increase positive communication. Each client upon meeting with a staff therapist must have an objective goal within the first 10 days of treatment. The objectives include the client's behavioral goals and group objectives. The CCCP is a tool designed for staff to monitor the client's behavioral objectives by developing and evaluating his or her outcomes by the end of treatment. The treatment team will meet on a bi-weekly basis to consult and assess the clients as well as additional meetings as needed.

The third tool used will be a satisfaction survey that will be administered at the end of treatment to evaluate how satisfied participants were with treatment, staff, and the program. This survey will assist with evaluating the participants' opinions, beliefs, and attitudes toward program staff and treatment program.

The fourth tool used will be focus groups consisting of program staff. Questions will be asked in an interactive group setting where participants are free to talk with other group members and share thought and opinions. The focus groups will assist with evaluating program staff's perceptions, opinions, beliefs, and attitudes towards the treatment program.

CHAPTER 5

DISCUSSION

Lessons Learned

Identification of Need

It was helpful for the grant writer to draw from professional experience, consulting with a professional at the host agency, and conducting research around the topic of substance use to begin the grant writing process. The grant writer found it helpful to begin the needs assessment process by interviewing and gathering information from the host agency about the community needs regarding adolescent substance use. In addition, the grant writer found it helpful to also research adolescent substance use treatment programs that are currently available for adolescent substance users. The grant writer also consulted with professionals who worked directly with adolescent youth who faced substance use issues to gather information. It was helpful to research and learn about programs that are currently being offered and identified several substance use treatment programs throughout the United States and within Los Angeles County. In researching the services provided in these programs as well as empirical data, the grant writer realized that family-based treatment programs were successful for adolescents and their families facing substance use issues.

Strategies to Enhance the Likelihood of Funding

A major challenge that the grant writer encountered was locating a funding source that was available at the time of need, that targeted the adolescent population specifically,

and that would cover the cost of the program. The grant writer realized that the actual grants that are offered year to year do not always meet the need of the proposed program at the time of need. In addition, it was difficult to locate a funding source that was large enough to cover all the costs of the proposed program. The program budget is a little under \$400,000, which made finding a funding source difficult. The grant writer discovered that additional cash and in-kind donations would be needed to fully fund the program and found it helpful that the hosting agency provided critical in-kind resources such as rent and utilities. Although developing the budget for the proposed program and justifying the high expenses were challenging, the grant writer found ways to innovatively think of ways to gain access to additional funding sources.

Another major challenge in this grant writing process was having an appropriate evaluation plan to justify the measurement outcomes of the proposed program. The grant writer consulted with professionals at the host agency to determine appropriate evaluation strategies to measure the successes of the proposed program. In addition, the grant writer spent a significant amount of time compiling a comprehensive literature review to gain knowledge about substance use and adolescents and families in order to demonstrate the need of the proposed program and how to effectively evaluate its successes.

Grant Writing Resources

The grant writer learned many important lessons about the grant writing process. Prior to starting the grant writing process, there were many components in grant writing that the grant writer was unaware of such as the countless numbers of grant opportunities that are available from various foundations and funding sources and the importance of developing strong relationships with individuals who work with funders. The grant writer discovered this through consulting with peers who are professional grant

writers. In addition, the grant writer was linked to several grant writing resources that assisted in the grant writing process such as websites that presented information on current non-profit organizations and agencies that provide similar services and their budgets. This was helpful in strategizing the budget for the proposed program.

Connecting with and developing strong relationships with potential funding sources even if the grant writer is not applying directly for a grant was another lesson that was learned. The grant writer learned to expand the funding network for future potential funding. For example, the grant writer was able to connect with individuals who had great knowledge about who provided connections for in-kind donations and other potential funding sources. The grant writer also learned that the grant writing process is not a one time occurrence and that it is a year round and continuous process to maintain and sustain program funding.

The program design is another important lesson learned. This project gave the grant writer the opportunity to essentially design a program that would meet the needs of a community. The grant writer was required to creatively outline and utilize research to assess the needs of the community and explore programs that demonstrated program success. The grant writer learned about the development of all aspects of a program and how programs operate, such as the budgeting piece, finding funding sources, and making decisions about staffing, outcome measures, and evaluation methods. The grant writer learned many lessons about how administration operates and has a greater appreciation for all aspects of program operation.

Challenges

One of the most challenging parts of the grant writing process was coming up with the program design to meet the needs of the community as well as the needs of the

funder. For example, the grant writer found it challenging to come up with clear and measurable goals and objectives that reflect the strengths of the proposed program. In addition, having an appropriate evaluation plan is critical in the eyes of the funder. Being able to articulate not only the need but also justifying the amount of funding needed to operate the program was also a challenge especially when there are hundreds of other programs. Because substance use is a critical social issue, many programs and services already exists. Designing a unique and specialized program was challenging.

Relevance to Social Work Practice and Policy

Social workers consider multiple needs of individuals and communities in order to bring a person-in-environment perspective to all forms of service. Because of the valued principle of beneficence, social workers take on many roles to understand individual and community needs in order to provide needed services and tools for community empowerment and engagement. If the proposed intervention is funded, it is hoped that adolescents who have a substance use related problems would receive psychoeducation to decrease or ameliorate their substance use to prevent potential serious problems and develop coping skills needed to manage daily life challenges. Equally important, it is hoped that parents of these adolescents will also gain skills to support their children's efforts to avoid future substance use.

Grant writing is a means for social workers to advocate for programs and policies that affect populations that are marginalized like that of the at-risk and economically disadvantaged adolescent population. It is an important skill and tool for social workers to have in order to advocate for needed programs and services on the behalf of individuals in the community. Social workers work diligently on a micro level to assist and support clients and grant writing allows for helping clients on a larger scale. It is an

opportunity for social workers to advocate for clients' rights as well as rights of social worker in regards to providing client care.

APPENDIX
LINE-ITEM ANNUAL BUDGET

APPENDIX

LINE-ITEM ANNUAL BUDGET

Salaries and Wages

Clinical Director (contracted; part-time)	\$40,000
Employee-Related Benefits (@13%)	\$5,200
Clinical Program Manager (LCSW)	\$75,000
Employee-Related Benefits (@25%)	\$18,750
Administration Support	\$35,000
Employee-Related Benefits (@25%)	\$8,750
Clinical Therapist (MSW/MFT)	\$65,000
Employee-Related Benefits (@25%)	\$16,250
Occupational Therapist, Registered, Licensed	\$60,000
Employee-Related Benefits (@25%)	\$15,000
<i>Subtotal</i>	\$338,950

Direct Program Costs

Telephone, fax, postage, shipping	\$1,500
Office supplies	\$3,500
Educational supplies/curriculum materials	\$6,500
Printing and duplicating	\$4,500
Miscellaneous (food supplies, etc.)	\$3,000
<i>Subtotal</i>	\$19,000

Indirect Program Costs

Travel (mileage reimbursement @ .58 per mile X 500 miles per month for 12 months)	\$3,480
Program Evaluation	\$2,000
Equipment (4 laptops x \$800)	\$32,000
<i>Subtotal</i>	\$37,480

TOTAL ANNUAL PROGRAM BUDGET **\$395,430**

IN-KIND RESOURCES

Rent	\$25,000
Utilities	\$12,000
TOTAL IN-KIND	\$37,000

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REFERENCES

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