



# Resource landscapes for young people leaving residential alcohol and drug services: Research Summary 5

## Identifying key program mechanisms for engaging young people in care

Date: April 2024

Authors: Max Hopwood, Joanne Bryant, Joanne Neale, Gabriel Caluzzi, Jen Skattebol, Sarah MacLean, Mark Ferry, Andrew Bruun, Jacqui Sundbery

### Overview

Around half of people treated for alcohol and other drug (AOD) use relapse within the first year after leaving treatment. Continuing care is promoted as a way to reduce relapse and to better support the social and health needs of people affected by substance use. It can offer community-based support, safe and secure housing, and meaningful work and educational opportunities. Continuing care programs are uncommon in Australia and programs for youth are often underfunded. In particular, little is known about continuing care programs for young people who complete AOD treatment, where the mechanisms that support them to successfully manage their substance use after treatment are poorly understood in research, health and social policy.

In this research we studied the Continuing Adolescent Life Management (CALM) program, one of the few AOD continuing care programs for young people in Australia. We interviewed program practitioners and service users to identify the main *program mechanisms* that supported young people's successful management of their substance use after leaving residential rehabilitation. 'Program mechanisms' were defined as the underlying relational, informational, and management strategies that helped clients manage their substance use.

### How we did the research

#### *The CALM Program*

Clients in CALM are aged 13 to 18 years and their interaction with program service providers ranges from daily and weekly contact to monthly and occasional contact, depending on clients' needs. Staff from the CALM program assess clients' risk levels via ongoing engagement and the program allows clients to link back into residential rehabilitation if they are assessed as needing further AOD treatment, or if a client requests further treatment. Clients can access the CALM program up to the age of 18 years, but it is not uncommon for CALM staff to maintain relationships with clients once they are over 18 years old, even if contact is not regular.

#### *The Research*

We used qualitative semi-structured interview methods to collect data from eleven clients (aged 17-25 years) and nine program staff (total n=20). Young clients were asked about why they joined the CALM

program, what aspects of the program they found to be most helpful, what they might like to see changed in the program, and the ways they keep in touch with the CALM staff. Interviews with staff in frontline and management positions included questions about the perceived goals of the program, the mechanisms through which the CALM program is thought to address clients' needs, how the program mechanisms and outcomes might vary for different young people, and what program elements worked best in addressing clients' needs and why. In addition, staff were asked about the historical and political context of the program, its guiding values, and staff and management structures to examine how these impacted the program's capacity to sufficiently support young people.

## What did we find: Five program mechanisms for engaging young people

Five key program mechanisms were thought to support young people in their post-treatment journeys:

1. **Person-centered counselling:** CALM employs a person-centered approach, which serves as the foundation of the program's success. This counselling approach prioritises understanding and addressing the individual needs of young clients, providing a safe and non-judgmental space where they can explore their thoughts and feelings. Through empathetic listening and unconditional positive regard, counsellors empower young people to build confidence and autonomy in their journeys.

Key features of person-centred counselling, as they existed in the data were:

- Consistent with concepts of unconditional positive regard, counsellors viewed young people as always changing but always connected to society, culture, and their environment.
- Counselling occurred in a range of face-to-face, telephone and online methods, and the amount of counselling provided was client-led.

2. **Relationship stability:** CALM focused on building stable relationships between clients and staff, who often had similar life experiences, which helped to establish rapport. This stability provided a sense of security for clients, who viewed staff as role models and mentors. Staff-client relationships offered guidance, encouragement, and a sense of belonging to young people. Staff-client relationships were:

- Established quickly;
- Enacted a 'straight-up' relational style that emphasised clear and respectful communication, while defining and maintaining professional boundaries;
- Modelled positive, consistent and dependable adult interactions;
- Characterised by staff qualities of patience, persistence, flexibility, discretion, care and perceptiveness, and optimism.

3. **Safety and inclusion:** Staff worked to create safe and inclusive spaces for clients, addressing issues of stigmatisation and trauma. Staff wanted every young person to feel welcomed, valued, and respected. Ideally staff wanted a program that was accessible and felt safe for young people from diverse backgrounds. Inclusive practices were reported to include:

- Those that challenged instances of casual homophobia among young people. Clients reportedly felt safer when they perceived their cultural and sexual identities were acknowledged and valued.



- Noting where necessary young people's histories of stigmatisation and intergenerational trauma
- Referring clients from First Nations and other backgrounds to culturally specific programs.
- Collaborating with workers from regional areas to support clients who return home to rural and regional areas.

However, challenges existed whereby most staff employed in the program were from dominant cultural and other backgrounds which limited opportunities for culturally appropriate role modelling.

- 4. *Situated mode of ordering care:*** CALM offered a variety of interventions that were enacted in a client's preferred order and pace, such as education, housing, employment, and social connection initiatives that aligned with clients' lifegoals. Some features of this ordering of intervention were that:
- There was an objective to build tangible skills aligned with young people's desired futures and inculcating a sense of hope and optimism;
  - A balance needed to be created between staff giving helpful advice and acknowledging client autonomy;
  - Staff worked to address service fragmentation via networking with external services, so to ensure interventions were delivered at the preferred order and pace.
- 5. *Organisational memory:*** Organisational memory was a critical component of CALM's ability to provide support over the long term. This was the accumulated knowledge and expertise residing in workplace culture, among individuals, and in information technology systems. It provided a blueprint for building intra- and inter-agency connections, and reinforced a shared sense of purpose and identity among CALM workers as experts in adolescent continuing care management. Maintaining organisational memory was hard, and was achieved by training and mentoring of caseworkers, and by management who acknowledged the stressful nature of the work and genuinely cared for staff. However, threats to organisational memory included complicated funding arrangements, reduced funding, and frequent external policy changes. This meant caseloads could increase and staff shortages could threaten the capacity of the program to deliver its preferred suite of activities. For clients, maintenance of organisational memory meant a sense of continuity and safety, which enabled them to remain connected with the program and its staff, sometimes over many years. Organisational memory was imperative to maintaining high quality continuing care for young people.

#### **Acknowledgement and funding:**

This research was supported by an Australian Research Council Discovery Grant DP200100492 'Aftercare for young people: A sociological study of resource opportunities', with additional funding from the UNSW Interlude grant scheme 2021. The project is a partnership between UNSW Sydney Australia, La Trobe University Melbourne Australia, Kings College London United Kingdom, YSAS Youth Support Advocacy Services, and The Ted Noffs Foundation. Joanne Neale is part-funded by the National Institute for Health and Care Research (NIHR) Biomedical Research Centre for Mental Health at South London and Maudsley NHS Foundation Trust and King's College London. Joanne Bryant is funded by an ARC Future Fellowship FT220100100. The views expressed are those of the authors and not necessarily those of the ARC, NHS, the NIHR, or the Department of Health and Social Care. The research was supported by the excellent contributions of Dr Rebecca Gray, Ora Davidson and Mitchell Beadman. The research team is grateful for the support provided by the staff of YSAS, Windana, Ted Noffs Foundation and Lives Lived Well residential rehabilitation,



residential detoxification and housing programs. We are particularly grateful to the 38 young people who shared their stories about substance use and treatment experiences for this research.

**For the full paper:**

Hopwood M, Bryant J, Neale J, Caluzzi G, Skattebol J, MacLean S (under review). Alcohol and other drug continuing care for young people: Identifying helpful program mechanisms. *International Journal of Adolescence and Youth*.

**Suggested citation for this document:**

Hopwood M, Bryant J, Neale J, Caluzzi G, Skattebol J, MacLean S. (2024). Resource landscapes for young people leaving residential alcohol and drug services: Research Summary 5 – Identifying key program mechanisms for engaging young people in care. UNSW Sydney; La Trobe University Melbourne.

**For more information about this project, please visit:** <https://www.unsw.edu.au/arts-design-architecture/our-schools/social-sciences/our-research/engagement-impact/our-projects/resource-landscapes-young-people-leaving-residential-drug-alcohol-services>