

Engaging and retaining young people in alcohol and other drug services: A qualitative study of young people's perspectives

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Acknowledgement Of Country



We would like to acknowledge the Traditional Custodians of the land upon which we meet, the D'harawal people.

We would like to pay our respects to Elders past, present and emerging as well as all other Aboriginal and Torres Strait Islander people who are present here today.

Danielle Mate & Camden High School students





About Youth Solutions

Youth Solutions is a youth health service, supporting young people to live healthy, safe and well-connected lives.

Youth Solutions works with young people aged 12-25 years and the broader community across the Macarthur and Wingecarribee regions of NSW, on the lands of the Dharawal and Gundungarra people.

Our drug, alcohol and wellbeing programs, campaigns and services focus on learning, participation and support.





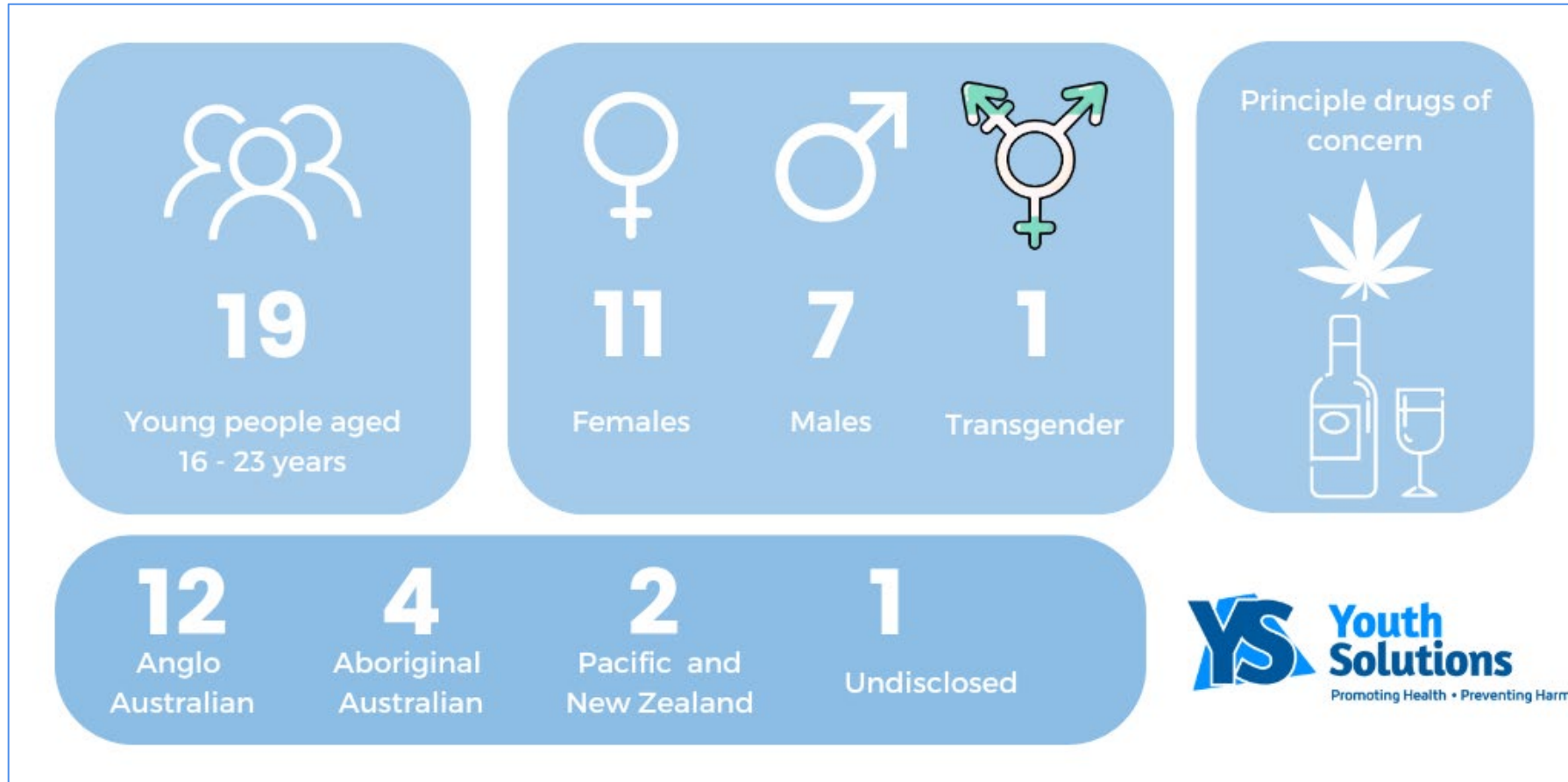
Engaging young people in AOD treatment

- Engaging & retaining young people in AOD treatment can be challenging [Caruana et al. 2023]
- Complex interplay of system, client and clinician factors [Van de Ven et al. 2020]
- Few studies have sought to qualitatively explore the **factors that matter to young people**





Participants





Data Collection & Analysis



Semi-structured interviews
30-60 minutes



On site



Phone



Reflexive thematic analysis
Open and axial coding
Iterative to allow for reflection



Approved by South Western Sydney Human Research Ethics Committee
All participants provided informed consent and received reimbursement





Realities of some young people's experiences with service providers

“**vulnerable**”: That may be wounded; susceptible of receiving wounds or physical injury; able to be easily physically or mentally hurt, influenced or attacked

“**nervous**”: worried and anxious

“**no trust**” (**distrust**): to have no trust or confidence in; lack of confidence, faith or reliance; doubt, suspicion

“**let down**”: disappointment; fail to fulfil the expectations of a person



Realities of some young people's experiences with service providers

"I've had crappy conversations with counsellors and services, some have been rude and not understanding...I kind of had that perspective on all people like that."

[18 years, female]

"One of the reasons I don't like doctors is coz they don't acknowledge their patients very well."

[23 years, male]

"I didn't think any services in Sydney would want to help me."

[22 years, male]



Place & space matters

- Trauma related to clinical environments was evident
- Welcoming environments challenged internal dialogue of self worth
- “be friendly, and acknowledge your patients”

Place & space

- Spaces which create a sense of physical and emotional comfort = welcoming, relaxed and homely
[Sanders & Lehmann 2019]
- Safe spaces = greater engagement with the therapeutic process
[Sinclair 2021]



Humanising approaches builds rapport

- *“I am more than my substance use” [16 years, transgender]*
- *“Some people have that too professional outlook, whereas she put in the personal outlook as well” [18 years, female]*
- *“she will ask me how my daughter is, how work is, it’s not all about my drug use, that’s how I feel I can relate to her as a friend also” [23 years, female]*
- *“some days it’s like two friends having a chat, it’s what the young people need” [parent/carer]*



“It’s not always got to be serious with them (clinicians). We can have a laugh, have a joke, we can sometimes get a little bit off track and just talk about random things like hobbies...get to know each other just as people, not solely around my drug issues, it makes it easier to talk.”

17 years, Male



Personal & Professional

- AOD workers can be among the closest relationships young people accessing treatment may have
- Opportunities for banter are among the best features of young people's relationship with their caseworkers
- Tension: the importance of boundaries/not sharing lived experiences beyond what is deemed helpful
- Therapeutic relationships are time-limited and defined by purpose

[Caluzzi et al. 2023; Purcell-Khodr et al. 2023; Green, Mitchell & Bruun 2013; Bell 2006]



Be patient and 'in it for the long haul'

- Changing substance use behaviours is challenging
- Relapse happens!
- Young people experienced increased distress due to linear recovery expectations
- Small achievable goals which focus on reducing harm first and foremost

"It's OK to make a mistake or have a hard day every now and then"

“People like me, it’s not black and white, they (caseworker) gets that. I have reduced my alcohol intake. I know it’s not much but even just this week, Sunday and Monday, I didn’t drink. I’m really trying not to drink today. She (caseworker) is just accepting, saying things like ‘you don’t have to quit, maybe just reduce it one day’. Coz imaging if you’re an alcoholic and you get all these people saying ‘you need to quit, you need to quit, you can never drink again’, that’s distressing right now, but if someone says ‘just try one day and see how you feel’, that’s what I did and then I did two days.”

20 years, Male

“I came to the realization I didn’t need to depend on pot. I have fallen a few times, and I’ve had the (service) to support me. They just make it feel like it was okay, it’s definitely helped with the prevention of using it again. I just needed the reassurance (that) relapse is normal. It can happen and that it wasn’t my fault.”

18 years, Female



Other stuff that mattered:

- *“never late for appointments”*
- *“always have stuff prepared in case we aren’t coming in with stuff to tell”*
- *“send check ups” and “follow up” → “think and care behind the scenes”*
- *“find the right people to help me with those things”*
- *“give me all the information I need”*

“The other week, I had an overdose and I came out of the hospital and I went to see them the next day, they had everything prepared for me, they had a plan of what I had to do from then on. Obviously, I had to detox after that. I’m probably third or fourth week into the detox and now we’re looking into a psychiatrist. They put me beyond of where I need to be, so if I need to find a psychiatrist, she will help me find one 100% and I like that.”

22 years, Male



Take homes

1. First impressions matter, and space and place can enable young people to engage with services and workers → **build trust and rapport**
2. Work at humanising approaches in a setting which is traditionally overtly clinical and stigmatizing for patients to build trust and rapport → **'I am more than my substance use'**
3. Normalise relapse and don't expect linear recovery → **over come feelings of failure and prevent service disengagement**
4. Be consistent and accountable, and generous with information to support young people with complex or cooccurring issues → **holistic support**

Deans, E, Ravulo, J, Conroy, E, Kelly, PJ, Grados Bonner, EL, Lal, J, Morrison, J & Whitton, G 2024, 'Engaging and retaining clients in AOD treatment: Young people's perspectives', *Journal of Youth Studies*, <https://doi.org/10.1080/13676261.2024.2391922>

References:

Deans, E, Ravulo, J, Conroy, E, Kelly, PJ, Grados Bonner, EL, Lal, J, Morrison, J & Whitton, G 2024, 'Engaging and retaining clients in AOD treatment: Young people's perspectives', *Journal of Youth Studies*, <https://doi.org/10.1080/13676261.2024.2391922>

Sanders, R & Lehmann, J 2018, 'An exploratory study of clients' experiences and preferences for counselling room space and design', *Counselling & Psychotherapy Research*, vol. 19, no. 1, pp. 57-65.

Sinclair, T 2021, 'What's in a therapy room? A mixed-methods study exploring clients' and therapists' views and experiences of the physical environment of the therapy room', *Counselling & Psychotherapy Research*, vol. 21, no. 1, pp. 118-129.

van de Ven, K, Ritter, A, & Roche, A 2020, 'Alcohol and other drug (AOD) staffing and their workplace: Examining the relationship between clinician and organisational workforce characteristics and treatment outcomes in the AOD field', *Drugs: Education, Prevention & Policy*, vol. 27, no. 1, pp. 1-14.

Questions?



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