



Teacher Support for Adolescents Affected by Parental Substance Use in Greater Cleveland: Background and Project Development

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BACKGROUND

Findings from current literature suggest that when children have parents who abuse substances, they are at a high risk for developing behavioral and health problems later in life.¹

- These risks are especially concerning in the state of Ohio, which has one of the highest rates of opioid prescriptions and opioid-involved deaths in the United States.²
- Ohio also leads in rates of excessive drinking (19.2% of the population compared to 18% of the U.S. population), and deaths related to alcohol (35% compared to 31% of U.S. deaths).³
- Marijuana use is also steadily increasing, with efforts towards legalization making abuse more likely.³
- In 2017, Cleveland in particular saw that 38% of deaths were related to overdose fatalities.⁴
- Estimates also indicate that 50% of the children in Cleveland foster care are primarily placed due to parental substance abuse.⁴

Some research has considered how to reduce substance abuse in adolescents, and findings in the literature suggest that more perceived teacher support can lower the chance of adolescent substance abuse, and promote better academic and behavioral self-concepts.⁵ **We believe this framework can also be applied to the concept of teacher support for adolescents affected by parental substance abuse.**



FUTURE DIRECTIONS

For the first branch of the project, we have designed a mixed-methods study (IRB pending). Plans for the project are outlined below.

Step 1: Collection of quantitative data from teachers whose student(s) are experiencing parental substance abuse (Demographics, Adverse Childhood Experiences, and Teacher Wellness surveys).

Step 2: Collection of qualitative data via focus groups with the same teachers.

Step 3: The qualitative data from the focus groups will be analyzed using a thematic analytical approach alongside the quantitative data from the demographic forms and surveys.

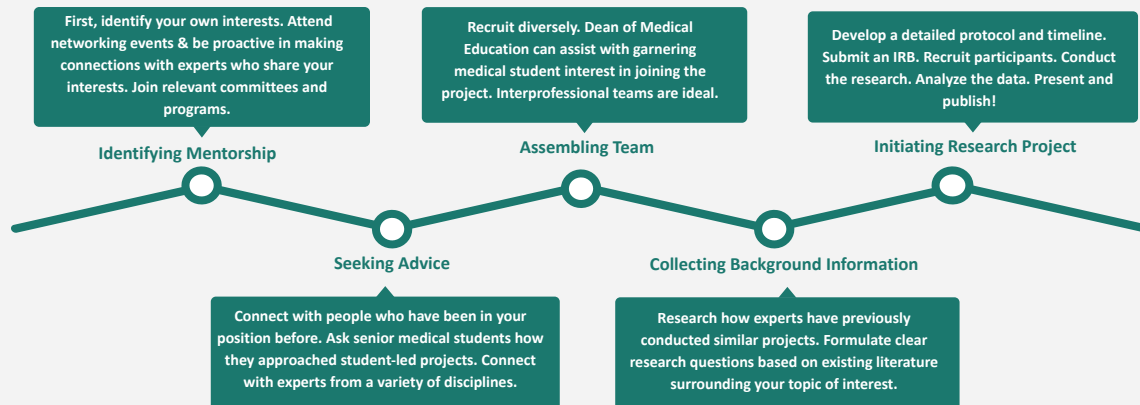
The second branch of the study, to be conducted after analysis of data from teachers, will involve youth participants (to be approved by the CCF IRB for Pediatric Research). We will conduct individual, semi-structured interviews with adolescents affected by parental substance use to more fully understand their perspectives.

Data collected from this study will be used in the ongoing collaboration between healthcare professionals and educators, with the common goal of addressing the growing mental health burden of adolescents and families.

Consequently, we expect to formulate potential programs that aim to strengthen the ability for teachers to provide and for students to receive such support. Future options potentially include an afterschool program for high school students coping with parental substance use or a training program for teachers targeting these at risk students.

PROCESS

The process below describes steps taken to develop a medical student-led study to explore what we can learn in healthcare regarding better collaboration with educators as adult allies for this group of youth.



CONCLUSIONS

To our knowledge, this will be the first study to use a mixed-methods approach to gather data from both students and teachers regarding support for adolescents affected by parental substance use. We believe the data from the focus groups, objective surveys, and student interviews will enhance our current understanding of the mediating role of teacher support for at risk groups of youth, particularly youth whose parents abuse substances. We hope to understand how healthcare workers can provide further agency to teachers who serve as allies for this group of youth.

In addition, we hope the framework followed for project development can inform medical students seeking to conduct student-led research. We believe that making diverse and interprofessional connections is vital to successful implementation of such research.

REFERENCES

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