



From parenting skills to adolescent treatment needs: Questions elicited by parents of adolescents discharged from residential treatment

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ABSTRACT

Background: Despite the utility of parent involvement in continuing care following adolescent residential treatment, parent engagement in traditional office-based treatment is low. In our prior work, we found that parents who had access to a continuing care forum directed questions to a clinical expert and to other parents around five topics: parenting skills; parent support; managing the post-discharge transition; adolescent substance use; family functioning. The current qualitative study elicited questions from parents without access to a continuing care support forum to explore overlapping and new themes

Methods: This study was embedded within the pilot trial of a technology-assisted intervention for parents of adolescents in residential treatment for substance use. Thirty-one parents randomized to residential treatment as usual were asked two prompts at follow-up assessments: what questions they would like to ask a clinical expert and what questions they would like to ask other parents of adolescents discharged from residential care. Thematic analysis identified major themes and subthemes

Results: Twenty-nine parents generated 208 questions. Analyses revealed three themes identified in prior work: parenting skills; parent support; adolescent substance use. Three new themes emerged: adolescent mental health; treatment needs; socialization

Conclusions: The current study identified several distinct needs among parents who did not receive access to a continuing care support forum. Needs identified in this study can inform resources to support parents of adolescents during the post-discharge period. Parents may benefit from convenient access to an experienced clinician for advice on skills and adolescent symptoms, paired with access to parental peer support.

1. Introduction

Adolescent substance use is a pervasive public health problem, with over 1.6 million youth (6.3% of adolescents) meeting criteria for a past-year substance use disorder (Substance Abuse & Mental Health Services Administration, 2021). When left untreated or unsuccessfully treated, adolescent substance use is associated with an array of long-term sequelae including sexually transmitted infections and unplanned pregnancy (National Center on Addiction and Substance Abuse, 2011), school problems (Carbonneau et al., 2021), mental health concerns (Kim et al., 2019), crime (Kim et al., 2019), and suicidal thoughts and attempts (Rioux et al., 2021). Such consequences are especially common among adolescents in residential care, who have more severe substance use and mental health disorders (Reif et al., 2014; Uliaszek et al., 2019). For adolescents in residential treatment for sub-

stance use, parents represent a key intervention target; interventions with parent/caregiver involvement consistently outperform adolescent-only interventions (Hogue et al., 2018; Tanner-Smith et al., 2013). Parenting improvements have also been shown to mediate post-treatment improvements in adolescent substance use (Winters et al., 2014).

Despite the clear need for parent involvement in adolescent substance use treatment, parent engagement in traditional in-person care is notoriously low immediately following their adolescent's discharge from residential care (McKay, 2009, 2021; Passetti et al., 2016). Only one-third of adolescents engage in any continuing care post-discharge from residential treatment (Godley et al., 2007). Multiple systemic barriers to parent engagement in adolescent residential treatment for substance use have been identified in prior studies. For example, a qualitative study of treatment providers identified transportation, employment, childcare, and parents' own substance use as factors contributing

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to low parent engagement in substance use treatment (Acevedo et al., 2020). Another qualitative study of parents, adolescents, and residential staff found that inadequate staffing, transportation barriers, and lack of communication from the facility were barriers to parent engagement (Gogel et al., 2011).

Formative qualitative research can shed light on the needs of parents of adolescents receiving residential care and guide the development of parent-centered intervention models (e.g., Dopp et al., 2019). In a prior qualitative study, our team found that parents were interested in accessing technology-assisted interventions during the continuing care period (Becker et al., 2017). Specifically, parents wanted convenient, immediate access to information from a clinical expert as well as support from other parents of adolescents in residential treatment. We subsequently used our formative research to design and pilot a technology-assisted intervention with 30 parents of adolescents in residential treatment for substance use that allowed parents to network in two forums: one in which they could ask a clinical expert questions and one in which they could interact with other parents (Becker, Helseth, Janssen, Kelly, Escobar, & Spirito, 2021; Becker, Helseth, Janssen, Kelly, Escobar, Souza, et al., 2021). A content analysis of posts from parents who received this technology-assisted intervention revealed that parent questions and comments clustered around five major themes: parenting skills; parent support; managing the post-discharge transition; adolescent substance use; family functioning (Helseth et al., 2021).

1.1. Current study

A key limitation of our prior work was that the parents were proactively given access to a continuing care support forum, which precluded inferences about the needs of families who did not receive such support during this vulnerable period. The current qualitative study aimed to elicit the needs of parents who were not offered continuing care services in the context of the clinical trial. Our goal was to inform the development of resources and outreach strategies for parents who do not receive formal support during the post-discharge period. Understanding the needs of parents who are not offered continuing care is important as this is likely the predominant experience of parents in real-world residential services.

2. Methods

2.1. Recruitment and eligibility

This qualitative analysis was embedded within a randomized pilot trial, which has been described in detail elsewhere (Becker, Helseth, Janssen, Kelly, Escobar, Souza, et al., 2021). Briefly, families were recruited from two adolescent residential treatment facilities that served youth with substance use and co-occurring mental health disorders, one which provided short-term residential care focused on crisis stabilization (i.e., 1–2 weeks) and one which provided longer-term (i.e., 4–6 weeks) care. At both facilities, residential staff screened families for eligibility at intake and obtained consent-to-contact; study staff then contacted eligible families to describe the trial and obtained parent informed consent and adolescent informed assent. Recruitment occurred between April 2017 and August 2019. All recruitment procedures were approved by the institutional review boards of Brown University and Rhode Island Hospital.

Parent inclusion criteria were: (1) legal guardian or primary caregiver of a 12–17-year-old admitted to residential care for substance use-related problems; (2) would resume guardianship of the adolescent post-discharge; (3) fluent in English or Spanish; and (4) willing and able to complete baseline measures prior to the adolescent's discharge. Though eligible legal guardians could be other relatives (e.g., grandparent, aunt/uncle), the term "parent" is used for simplicity. If families had more than one eligible parent, the family could choose which parent would participate. Adolescents automatically qualified if a parent met

the aforementioned criteria and they were willing and able to complete baseline measures prior to discharge.

In total, 61 dyads participated in the original trial. The 30 parents randomized to the technology-assisted intervention were included in the 2021 Helseth manuscript. Only the 31 parents randomized to the residential treatment as usual arm were included in the current analysis and are described in detail in original reports.

The average age of the parents in the current analysis was 41.14 years ($SD=6.68$); they were predominantly non-Hispanic White (71%), and female (77%). About half (45%) reported annual income of less than \$50,000. Most parents were employed full-time (58%), and about half had a high school or equivalent educational background (52%), while a third (32%) had a bachelor's degree. Adolescents were generally more diverse than their parents in their gender and racial/ethnic identities, reflecting both multiracial families and adopted youth. Adolescents self-identified their race as 45% White, 26% Multiracial, 13% Black/African American, 13% another race, and 3% Asian; 19% of adolescents identified their ethnicity as Hispanic. For gender identity, 52% of adolescents identified as female, 45% as male, and 3% as gender fluid. Adolescents were 15.61 years old on average ($SD=1.12$).

2.2. Parent-Elicited questions from exit interviews

Parent-adolescent dyads completed a series of follow-up assessments at 6-, 12-, and 24-weeks after discharge. Assessments included a qualitative exit interview with a Bachelor's- or Master's-level researcher, in which parents were asked to respond to two prompts: 1) "If you could ask a licensed psychologist for any advice about your teen, what would you ask?" and 2) "If you could ask another parent of a teen in residential treatment for any advice, what would you ask?" These prompts were designed to approximate the forums in which parents in the experimental condition posted. The first prompt used the phrase "licensed psychologist," since the forum was moderated by a licensed psychologist in the experimental condition. All parents were encouraged to generate at least two questions for each prompt, though parents were able to respond that they did not have any questions or pose a single question. At the end of each exit interview, parents were given general resources on adolescent substance use, national resources on treatment referrals, and were offered specific treatment referrals (e.g., individual, group, family therapy) if requested.

2.3. Thematic analysis

Parents' questions were imported verbatim into NVivo 12 software and coded using principles of thematic analysis (Braun and Clarke, 2006). The five themes identified in the 2021 Helseth study were specified *a priori*, to allow direct comparison of themes. We hypothesized that the five *a priori* themes would be identified again and that new themes would emerge. Four research team members (three Bachelor's-level research staff and one PhD-level scientist with extensive qualitative expertise) independently read all parents' questions, to generate holistic impressions. Team members met to discuss impressions and reach consensus on major themes, subthemes, emergent concepts, and formal definitions for new codes. These meetings led to the development of a coding manual. Two team members then independently coded each parent question. Coders met to discuss divergent codes, with the goal of obtaining 100% consensus. When codes remained discrepant, a third team member made the final determination. Trustworthiness of the qualitative data was bolstered by triangulation across multiple independent team members to ensure credibility, a focus on *a priori* themes identified in qualitative work to test transferability, and documentation of each step of the coding process in NVivo to provide an audit trail and promote confirmability (Gunawan, 2015). Queries in NVivo obtained frequency counts and identified exemplars for each theme.

3. Results

3.1. Overview of identified themes

Of the 31 parents in the treatment as usual condition, 29 (94%) completed at least one follow-up assessment: these parents generated between two and seven questions for a clinical expert ($M = 3.49, SD=1.48$) and between zero and nine questions for other parents ($M = 3.59, SD=2.18$). The 29 parents posed 208 questions total.

Thematic analysis of the 208 questions revealed three of the five *a priori* major themes identified in the prior analysis of treated parents: parenting skills; parent support; adolescent substance use. Two of the prior themes (i.e., managing the post-discharge transition; family functioning) did not emerge in the current sample. Three newly emergent themes were identified: treatment needs; adolescent mental health; socialization. An overview of the major themes, exemplar quotes, and number of questions posed is presented in Table 1.

3.2. Parenting skills

The most frequently identified major theme was parenting skills, which encompassed four specific skills: parental communication, behavioral contracting, parental monitoring, and managing adolescent emotions. Three of the specific parenting skills were identified in our prior work, while one of the skills (managing adolescent emotions) was new.

Communication was the most commonly queried skill and was identified most often in questions for a clinical expert. Parents' questions centered around how to have calm and effective two-way conversations with their adolescents. Several parents asked how to ensure their teen was "actually listening," while others were uncertain how to convey that their rules were created with the teen's best interests and safety in mind. For example, the parent of a 15-year-old boy asked: "How do you get our kids to recognize that we understand and have been there before?" Behavioral contracting was the next most common skill. Some parents inquired about the best ways to discipline their teens without a confrontation, while others sought advice on how to "set limits" and balance such limits with their "natural parenting style." The third most asked-about skill was parental monitoring. Questions typically pertained to the parent's struggles balancing the need to monitor their adolescent's activities and "stay involved in [the teens'] lives without being invasive." Finally, questions about how to manage adolescent emotions centered around strategies parents could use to help teens regulate their mood during difficult situations. Example questions included how to "best to calm [their teen]" and how to prevent "aggressive" outbursts or teen "rage."

3.3. Parent support

Parent support was the next most frequent *a priori* major theme identified. Similar to our prior work, parents sought guidance around self-care and general connection/support. In the current sample, the most popular subtheme reflected a new concept: parent stress management/coping skills.

Parent stress management/coping skills questions were directed to both a clinical expert and to other parents. Many of the parent questions in this sub-theme solicited advice about how to manage their own emotional reactions to their adolescent's struggles. For instance, parents asked how to "not react so emotionally," and "remain calm". Other parent questions sought guidance on how to cope with or "sort out thoughts" and not "just beat yourself up all the time."

Questions around self-care were only directed towards other parents and centered around how to practice self-care while parenting a teen with chronic needs. One illustrative quote by the parent of a 16-year-old girl was "...It's been two years of dealing with my teen's substance use and I'm finally feeling the burnout, and I want some suggestions for how I can take care of myself". Similarly, questions seeking general connection and support were also only directed towards other parents. While many of

the questions in this subtheme actively sought reassurance about parenting challenges, several parents used the prompts to offer reinforcement to other parents, based on their shared experiences. As an example, one parent of a 16-year-old boy stated that they did not have any current questions, but were willing to offer their "help and support and wealth of information" to other parents.

3.4. Adolescent substance use

The third and final of the *a priori* themes identified in the 2021 Helseth study was adolescent substance use, though specific sub-themes differed. In prior work, parent questions focused on specific substances of use as well as the legality of use. By contrast, in the current sample, subthemes included detecting and understanding adolescent substance use, encouraging teens to cut down or abstain from use, and relapse.

Within the most prevalent subtheme, detecting and understanding adolescent substance use, parent questions were most commonly directed towards a clinical expert. Topics included how to identify typical versus problematic substance use in their teens, the "why" behind their teen's substance use, and information about the long-term effects of substances (namely cannabis and alcohol) on adolescent health and development. One parent of a 17-year-old girl asked, "What is the difference between typical adolescent substance use and use consistent with a substance use disorder?" Questions directed to other parents asked how parents had first "become aware" their teen was using and what were early "signs [their] kid was using drugs".

In the subtheme about getting the teen to cut down or abstain from use, parents requested information on how to best support their teen in reducing their substance use and staying sober. Questions to a clinical expert sought guidance on ways to promote abstinence or have the teen "commit to sobriety". Meanwhile, questions to other parents inquired about what strategies parents had used to help their "teen make progress" and get to the point "where they're being successful".

Within the final subtheme, relapse, parents directed questions to both a clinical expert and to other parents. Questions to a clinical expert were scientific and data-driven questions about ways to prevent a recurrence of symptoms such as, "What are the statistical success rates for adolescent substance users to stay sober as adults?" By contrast, questions to other parents focused on personal experiences, such as "How do you deal with relapses?"

3.5. Adolescent treatment needs

In addition to the aforementioned *a priori* themes, there were several new themes that emerged from questions shared by parents of teens who were not engaged in continuing care. The most common emergent theme was adolescent treatment needs, which had four distinct subthemes: effectiveness of residential treatment; need for residential treatment; medication treatments; other treatment options.

Questions about the perceived effectiveness of and need for residential treatment for substance use were often asked to other parents. In this sub-theme, questions predominantly sought other parents' feedback about the results of treatment, with one parent of a 16-year-old boy asking "has it helped?" and another parent of a 15-year-old boy asking "have you seen any results from residential treatment?" Meanwhile, in the need for residential treatment sub-theme, questions often sought reassurance from other parents and reflected a sense of uncertainty about whether residential treatment had been necessary. Example questions inquired whether residential treatment had been "a last resort," if it could have been prevented, and if parents "exhausted outpatient methods before deciding to do the inpatient option."

Within the subtheme about treatment options, parents generated questions for both clinical experts and other parents. One parent of a 16-year-old boy wanted to ask a clinical expert, "I'm just so lost! What treatment options are available?" Similar questions were asked to other parents, but sought parents' direct experiences with treatment (e.g.,

Table 1

Illustrative questions posed to an expert and to other parents.

Major Theme Subtheme	If you could ask a licensed psychologist for any advice about your teen, what would you ask?	If you could ask another parent of a teen in residential treatment for any advice, what would you ask?
Parenting Skill (53 questions submitted by 23 parents)		
Communication	17 questions by 12 parents <i>How can I speak effectively with my child?</i>	4 questions by 4 parents <i>How much space should you give them to wait for them to initiate conversation?</i>
Behavioral Contracting	9 questions by 7 parents <i>How to teach my daughter how to understand cause/effect situations?</i>	8 questions by 6 parents <i>What is the balance between setting limits and rules vs. avoiding confrontation?</i>
Parental Monitoring	5 questions by 5 parents <i>How can you stay involved in their lives without being invasive?</i>	4 questions by 4 parents <i>What did you do to keep him safe?</i>
Managing Adolescents' Emotions	4 questions by 4 parents <i>How to handle my daughter's moods?</i>	2 questions by 2 parents <i>What seems to work best to calm your child?</i>
Parent Support (44 questions submitted by 20 parents)		
Parent Stress Management / Coping Skills	5 questions by 4 parents <i>Providing me with help on not reacting too much in everything she does or says. How to not sweat the small stuff, picking my battles?</i>	19 questions by 15 parents <i>How did you deal with your stress and anxiety and feeling like where did I go wrong?</i>
Parent Self-Care	0 questions by 0 parents N/A	4 questions by 4 parents <i>How do you take care of yourself?</i>
Connection and Support	0 questions by 0 parents N/A	16 questions by 12 parents <i>What do other families go through?</i>
Major Theme Subtheme		
If you could ask a licensed psychologist for any advice about your teen, what would you ask?		
Adolescent Substance Use (32 questions submitted by 12 parents)		
Detecting and Understanding Teen Substance Use	15 questions by 7 parents <i>What is the difference between typical teen substance use and warning signs of problematic substance use?</i>	4 questions by 4 parents <i>When did you become aware that your kid was using?</i>
Getting Your Teen to Cut Down or Abstain From Use	3 questions by 3 parents <i>What is the right method to approach a teen to having them commit to sobriety?</i>	3 questions by 3 parents <i>How did you help your teen make progress to getting to the point where they're being successful at staying away from substance use?</i>
Relapse	2 questions by 1 parent <i>What do I do when my teen relapses?</i>	5 questions by 4 parents <i>What are you doing to help keep your teen from relapsing?</i>
Adolescent Treatment (39 questions submitted by 21 parents)		
Effectiveness of Residential Treatment	2 questions by 2 parents <i>If it's been a success/what's the progress they have seen in their child?</i>	12 questions by 9 parents <i>What was your experience with the residential treatment center?</i>
Need for Residential Treatment	0 questions by 0 parents N/A	8 questions by 7 parents <i>At what point did you decide that your teen needed residential treatment?</i>
Medication for Treatment	9 questions by 6 parents <i>Are there any studies done on children on medication that proves that they grow out of needing medication at some point in their life, or have studies proven that they probably need to be on medication during of their life?</i>	0 questions by 0 parents N/A
Other Treatment Options	6 questions by 6 parents <i>What types of therapy programs for a child like her-for her medical condition? Particularly for someone who doesn't want to take medications and who has multiple diagnoses.</i>	2 questions by 2 parents <i>What other programs (besides residential and IOP) have you tried for your teen?</i>
Major Theme Subtheme		
If you could ask a licensed psychologist for any advice about your teen, what would you ask?		
Adolescent Mental Health (26 questions submitted by 14 parents)		
Strategies to Support Adolescents with Mental Health Concerns	9 questions by 8 parents <i>I would ask for general advice on coping strategies/ways that I can help him manage his depression better... How I can help him dig into it and express himself better?</i>	2 questions by 2 parents <i>How have you handled crisis situations?</i>
Guidance on Adolescent Behavior	14 questions by 9 parents <i>How do I differentiate between his depression/emotional problems and normal teen mood/behavior?</i>	1 question by 1 parent <i>How long does it take for the teen to break from the issue they have?</i>
Socialization (14 questions submitted by 10 parents)		
Navigating Social Relationships	3 questions by 3 parents <i>Why is teen so adamant on being with an abusive boyfriend?</i>	9 questions by 7 parents <i>How did you make your child see that his circle of friends weren't necessarily friends?</i>
Social Media	1 question by 1 parent <i>How to deal with and/or put limitations on social media?</i>	1 question by 1 parent <i>I think social media is deadly to these kids, they cannot handle it. It creates so much anxiety and I want to say tension. They have an unrealistic view of what life is supposed to be. So how do they deal with social media?</i>

“What has been the most effective treatment for your child?” and “What other programs besides residential and IOP have you tried for your teen?”).

The last two subthemes centered around medication (i.e., whether medication was needed, long-term effects) and non-pharmacological approaches. For instance, one parent of a 13-year-old girl asked, “Is medication needed for my teen?” and another parent of a 16-year-old girl asked for “more natural ways to treat mental illness as opposed to medications”.

3.6. Adolescent mental health

The second most frequent emergent theme was adolescent mental health, with questions centered around understanding teen mental health and strategies to better support teens’ emotional well-being. Questions about adolescent mental health were overwhelmingly directed to a clinical expert. Specifically, parents sought strategies to help their adolescents cope with mental health concerns and for guidance on adolescent behavior.

In the first subtheme, strategies to support teens with mental health disorders, a typical pattern was observed. Parents often first shared information about their teen’s mental health then requested a strategy to better support their teen. An example of this pattern by a parent of a 15-year-old boy, included sharing concerns about their teen’s anxiety and depression before asking for “better ways to try to open him up.” Other parents asked for advice on dealing with adolescent mental health issues and for strategies to manage adolescent mental health crises.

Queries seeking guidance on teen behavior involved differentiating typical from atypical behavior, with particular focus on the influence of mental health problems. One parent of a 16-year-old boy asked, “What is typical teen behavior...especially with other co-occurring problems?” Other questions asked about concerns such as sleep difficulties, depression, anxiety, borderline personality disorder, and trauma on adolescent development.

3.7. Socialization

The final theme to emerge centered on teen socialization, which included two subthemes: navigating social relationships and social media.

Most parents’ questions sought advice on how to best help their teens successfully navigate social circles and realize the potential adverse influence of specific peers. To illustrate, one parent of a 15-year-old boy asked other parents, “How do you keep your teen away from others who could be a bad influence?” Other questions inquired about how to navigate challenging relationships with the adolescent’s birth parents, siblings, and romantic partners.

Within the social media subtheme, one parent of a 15-year-old girl sought advice from other parents on how to help her daughter recognize the adverse impact of social media, saying, “It creates so much anxiety... So how do they deal with social media?” The remaining question was posed to a clinical expert and inquired about setting social media limits.

4. Discussion

This study aimed to elicit the needs of parents who did not receive continuing care in the critical period after their teen’s discharge from residential treatment. Three of the six major themes identified in the current study (parenting skills, parent support, adolescent substance use) were consistent with *a priori* major themes identified in our team’s examination of posts to an online forum made by parents receiving an active continuing care intervention (Helseth et al., 2021). These identified themes reflected informational needs about the adolescent’s substance use, as well as requests for concrete skills and support to navigate the post-discharge period. The identified themes were also in harmony with the focus of several evidence-based continuing care interventions designed for the post-discharge period, such as the Adolescent Community Reinforcement Approach (Godley et al., 2009) and Assertive Continuing

Care (Godley et al., 2007) which focus on teaching parents cognitive-behavioral parenting skills as well as offering ongoing structural and educational supports. The consistency of these themes across samples and continuing care services suggests that resources focused on parenting skills, provision of support, and psychoeducation about adolescent substance use would likely be valuable for parents of youth discharged from residential treatment.

Within our *a priori* major themes, a few notable points of divergence were found relative to previous work. First, a major point of divergence was found within the major theme of adolescent substance use. In our prior work with parents receiving a continuing care intervention, parents sought information about the risks of specific substances (most notably cannabis and vaping). In the current sample, parents sought far more generalized information—including how to detect, discuss and manage any substance use after discharge from residential care. Second, in the current sample, a new subtheme emerged around managing adolescent emotions. Third, in this sample, parents had far more questions about self-care than requests for support (27 questions vs. 8), whereas in our prior work the inverse was found (6 questions vs. 21). These differences suggest that despite having similar “big picture” questions as parents with access to continuing care support, parents without such support may have distinct needs for generalized information about substance use, help managing their teen’s emotions, and support engaging in self-care. The number of questions about self-care was especially notable and consistent with literature suggesting that parents of adolescents with substance use problems experience distress and isolation around their adolescent’s substance use (Smith and Estefan, 2014).

Our analysis uncovered three emergent major themes. Two of the emergent major themes centered around adolescents’ ongoing mental health and treatment needs. Critically, the fact that parents sought guidance on these topics even after their teen received residential care highlights the long road to recovery often traveled by teens with substance use problems and their families (Acri et al., 2012) as well as the utility of continuing care services for families (Brewer et al., 2017; Passetti et al., 2016). Notably, there were further emergent differences in the type of support requested in each forum; for instance, parents in the current sample overwhelmingly sought guidance on mental health issues from a clinical expert rather than from other parents (i.e., 26 questions vs. 2 questions), but sought parenting support from other parents rather than from a clinical expert (i.e., 39 questions vs. 5 questions). The fact that parents wanted information from a clinical expert and emotional support from other parents is consistent with developing literature suggesting that peers with lived experience fill a unique and valuable role within the recovery process. For example, questions on treatment are consistent with calls for peer mentorship programs for parents with lived experience supporting young people with substance use problems (Marchand et al., 2022). Participants in peer support programs for families supporting adults with substance use disorders also report the value of peer support related to navigating treatment systems (i.e., treatment types, quality, and effectiveness; J. F. Kelly et al., 2017). Technology-assisted interventions could potentially serve as a means of efficiently connecting parents with both an experienced clinician and with other parents with lived experience, while circumventing the myriad of well-documented barriers to accessing aftercare (Reardon et al., 2017; Ryan-Pettes et al., 2019).

In the final emergent major theme, socialization, parents generally sought insight from other parents around how to help their teen understand the risks posed by specific peers. Ample research has demonstrated the direct and indirect effects peers can have on adolescent substance use (Acri et al., 2012; Allen et al., 2012; Becker et al., 2019), so it was not surprising that parents were wary of their adolescent’s peers post-discharge. In our prior work, a major theme about peer socialization did not emerge, though themes about family and sibling dynamics did. Given that both family- and peer-level factors have been shown to predict adolescent substance use (Becker et al., 2019; L. M. Kelly et al., 2017; Rusby et al., 2018; Ryan et al., 2015), future continuing care in-

terventions should incorporate ongoing support around a range of interpersonal factors that could promote or deter substance use recovery.

4.1. Limitations

Findings from the current study should be interpreted within the context of the sample and study design. First, these results should not be taken as indicative of the full range of parents' questions. Questions were only elicited during scheduled exit interviews. Parents likely had other questions during this time but may not have remembered or may have felt uncomfortable asking certain questions. Second, the distinction between the themes identified in this study and prior work might reflect differences in the data collection and analytic approaches, and not simply differences in the level of continuing care provided. Parents' willingness to disclose sensitive questions during an exit interview might differ from their willingness to post on an anonymous parent forum. Finally, results reflect the needs of parents whose teens with substance use who were discharged from two residential treatment centers, and should be not be taken as indicative of the needs of parents in other settings or levels of care.

5. Conclusions

The current study has several key implications for the development of intervention models and parent-focused resources during the vulnerable continuing care period. First, our results indicate that resource provision should emphasize parenting skills, support from other parents, and psychoeducation about adolescent substance use. Second, our results suggest that parents who are not actively linked to continuing care have unique information and support needs. In particular, such parents might benefit from information about adolescent mental health, treatment options, and adolescent socialization. For such information to be maximally beneficial, we suggest that parents be able to access resources that are customized to their unique concerns. As an example, the questions elicited in this study could be used to create a moderated clearinghouse of questions and answers, which parents could search to identify their areas of concern and process these concerns with trained support. Following discharge from residential, parents may also benefit from convenient access to an experienced clinician to whom they can directly ask their questions, as well as the ability to confidentially seek support from other parents with shared lived experience supporting adolescents with substance use-related problems.

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Declaration of Competing Interest

The authors have no conflicts of interest related to this research to declare.

CRediT authorship contribution statement

Lourah M. Kelly: Investigation, Writing – original draft, Methodology. **Nicholas Correia:** Supervision, Writing – original draft. **Mika D.H. Kearns:** Supervision, Writing – original draft. **Sharon G. Lang:** Writing – original draft. **Julia Yermash:** Writing – original draft. **John Guigay-oma:** Writing – original draft. **Sarah A. Helseth:** Writing – original draft, Investigation. **Sara J. Becker:** Investigation, Writing – original draft.

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