

## Research paper

# Self, meaning, and culture in service design: Using a hermeneutic technique to design a residential service for adolescents with drug issues

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## Abstract

This paper aims to contribute to a relatively untheorised and unresearched area of adolescent drug and alcohol literature—designing residential services. In a context in which the researcher was given the ‘hands on’ task of designing a model residential service for adolescents with drug issues in the Australian state of Tasmania, it explores techniques that might be useful to understanding and placing young people’s views at the centre of service design. The paper begins with discussion of the international literature on residential service design for adolescents with drug issues, and the nature of a Tasmanian service design project. It then explores young Tasmanians’ idealisations of residential services needed for youth with drug issues. These young people offered their thoughts along five major dimensions of the operationalisation of a residential service: service mission, activities and programs, location of the service, nature of staff, and service rationale or benefits. Their comments were analysed using a hermeneutic technique exploring the ‘life-worlds’ suggested by their vision of the ideal residential service. Youth data are contrasted with the broad findings of interviews with adult professionals in Tasmanian youth services to question the assumptions implicit in research, policy and practice at the international level.

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## Aim

This paper aims to contribute to a relatively untheorised and unresearched area of adolescent drug and alcohol literature—designing residential services. In a context in which the researcher was given the ‘hands on’ task of designing a model residential service for adolescents with drug issues in the Australian state of Tasmania, it asks ‘What techniques might be useful to understanding and placing young people’s views at the centre of service design?’

## The literature

What research evidence is available for the designer of a statewide residential rehabilitation service for adolescents with substance abuse issues?

While many studies (mostly north American) from the 1990s and earlier involve treatment programs with little modification to make them youth specific (Dennis, Dawud-Noursi, Muck, & McDermeit, 2002), there is a growing body of literature on adolescent residential ‘rehabilitation’ tailor-made for youth with drug issues, reflecting the renaissance of such services (White, Dennis, & Tims, u.d.), and their increasing use in various forms by courts in some countries as an alternative to incarceration for adolescents at least (Hegamin & Farabee, 2003; Orlando, Chan, & Morral, 2003). Yet almost 15 years after a much-cited review of adolescent treatment outcomes studies (Catalano, Hawkins, Wells, & Miller, 1991), there are calls to fill the gaps in this literature (Carrick, 2004; Dennis et al., 2002), particularly for those under 16 years (Burniston, Dodd, Elliot, Orr, & Watson, u.d.). It is often concluded that such studies lack systematic comparative evidence, with no clear indications that any one treatment setting should be preferred (Dennis et al., 2002; Muck, Zempolish, Titus, & Fishman, 2001; Williams & Chang, 2000; Winters, 1999).

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On the one hand research suggests that some approaches such as the Minnesota 12 step approach appear to produce their outcomes regardless of whether a residential or outpatient setting is used (Winters, Stinchfield, Opland, Weller, & Latimer, 2000). On the other hand, there is evidence, albeit equivocal or tenuous, that residential care can be one kind of useful approach to adolescent substance abuse (Hser et al., 2001; Hyun & Seo, 2003; Morral, McCaffrey, & Ridgeway, 2004; Roberts & Ogborne, 1999).

Most notable in available outcomes research is the link between length of stay or completion of treatment to positive outcomes (Latimer, Winters, Stinchfield, & Newcomb, 2000; Stevens et al., 2003; Williams & Chang, 2000). Adult residential rehabilitation services for substance abuse have typically high attrition rates of around 40% by 3 months (United Nations, 2002). A report of The Salvation Army in Australia suggests that less than a quarter of clients (of all ages) complete full residential rehabilitation programs, comparable with figures reported for other residential programs in Australia (Brunt, 2002). Figures at least as low as these have been given for adolescents (Williams & Chang, 2000; Winters, 1999).

Residential service design is increasingly documented in guidelines, manuals, and 'hands-on' service design reports (Center for Substance Abuse Treatment, 1993; Citizens' Committee for Children, 2003; Clemmey & Payne, u.d.; Effective Interventions Unit & Lloyds TSB Foundation for Scotland, 2002). The United Nations has published comprehensive accounts of service design and development based on a multidisciplinary 'continuum of care' ethos (United Nations, 2003b), including for youth with drug issues (United Nations, 2003a), echoing the broad conclusions of other research (Crome, Christian, & Green, 2000; Molitor, Nissen, & Watkins, 2002; Wood, Drolet, Fetro, Synovitz, & Wood, 2002). Yet evaluations of adolescent substance abuse treatment programs in the new millennium (Deas & Thomas, 2001; Vaughan & Howard, 2004), including those that argue for an 'expanding awareness of effective elements in treating adolescents' (Brannigan, Schackman, Falco, & Millman, 2004), suggest how little we know about what service design actually involves, including theoretical understandings of 'treatment settings'. Encouragingly, there is a growing body of research into the development of child and adolescent mental health services (Williams & Kerfoot, 2005), including user involvement in mental health services (Crawford et al., 2003). The last few years have also seen the development of a kind of counter-climate of debate about youth service design (White, 2004), including residential service design (Howard, 2002), offering critiques of service design mantras such 'multi-agency collaboration' (White, 2002).

However, the body of existing research offers the service designer little evidence about young people's conceptualisations of the ideal residential service for adolescents with drug issues, and even less analysis of how these differ from adults' perceptions. Where youth perceptions are documented, they tend to be about existing services, are generally not theorised,

or integrated with discussion of specific service features, or elaborated in dialectical relationships with adult service perceptions. This lack of 'meaning-based research' occurs in western measurement cultures bringing increasing 'professionalisation' of such youth services by way of credentialing, mainlining of policies and procedures, and client information collection (Roberts & Ogborne, 1999).

In these lacunae, the present paper asks 'What techniques are useful to generating rich information for client-centered service design?'

## The context of the Tasmanian study

Tasmania, an island state with a population of around 485,000, does not have a residential service designed for youth with alcohol and other drug issues, an absence notable in service reports (Biven & Kinsella, 1998; Office of Youth Affairs, 2002). Available data for Tasmanian youth suggest, among those seeking treatment, almost half (46.2%) present with cannabis as their principal drug of concern, with amphetamines (8.6%) the next drug of concern (Australian Institute of Health & Welfare, 2004). Demographic data show that Tasmanian youth, like the broader Tasmanian community, live in rural and regional areas to a greater extent than their counterparts in most other states; they also experience lower education participation rates and higher unemployment (Fraser & Fraser, 2003). Little is known about how Tasmanian youth think about substance abuse prevention and treatment, though available youth surveys suggest they are critical of the effectiveness of anti-risk-taking education campaigns (Larkins, 2000).

## Method

### *The service design task*

The broad aim of the project was to develop a package of advice useful to a nonprofit organisation wanting to obtain funding for, and implement, a statewide residential service for Tasmanian youth (12–18 years) with drug issues. The features of the advice package were defined by The Salvation Army in the research contract. That is, in this study, 'service design' is a term that refers to the production of an evidence-based service 'blueprint' that models a workable, costed, multi-dimensional service, i.e., in a mission statement, details of programs and services, architectural plans and recommendations for location, details of staff required, including sample staff position descriptions, as well as a strategic statement of service *raison d'être*.

Accordingly, at the outset of the study at least, a 'residential rehabilitation service' was defined as a facility that delivers, or facilitates delivery of, programs and activities aimed at assisting young clients with drug issues build more positive futures principally during a period of residence. It

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