



**DIMENSIONS OF RELATIONAL HEALTH
IN ADOLESCENT SUBSTANCE USE**

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LEARNER OBJECTIVES

- 1) Relate the history of Relational Cultural Theory and its evolution in research
- 2) Differentiate aspects of relational health and consider their practical application to addictions research and practice
- 3) Discuss ways in which theory, research, education and practice can be integrated toward improving the healthcare of persons at risk for or engaged in addictive behaviors

OUR STUDIES

- Gender responsive prevention and treatment
- Use of Relational Cultural Theory (RCT) and Relational Health Indices (RHI; RHI-Y)
- Relational health of teen girls in SU treatment (RHI)
 - Girls residing in in-patient treatment
 - Girls living in community
- Relational health of teen girls in SU treatment (RHI-Y)

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RELATIONSHIPS

“Throughout the life span, human beings grow through and toward connection...we need connections to flourish, even to stay alive” (Jordan, 2010, p. 1).

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RELATIONAL CULTURAL THEORY: BACKGROUND

Relational Cultural Theory (RCT)

Theoretical foundation for understanding how relationships influence an individual's psychological development and well-being

- Emphasizes Relational Connection:
 - ✓ Foundational element of development
 - ✓ Psychological development and growth happen *within* relationships
- “Connection...[is] the core element or the locus of the creative energy of development” (Miller et al., 1991, p. 10).
- Emphasizes Mutuality:
 - ✓ Mutual Empathy and Empowerment
 - ✓ Individuals develop and grow when their relational partners develop and grow (Stiver & Miller, 1997)

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**RELATIONAL CULTURAL THEORY:
BACKGROUND**

RCT History:

Jean Baker Miller, M.D. *Toward a New Psychology of Women*, (Miller, 1976).

•Further developed with Judith V. Jordan, Ph.D., Jean Baker Miller, M.D., Irene Stiver, Ph.D., and Janet Surrey, Ph.D.

•RCT “institutional home” at Wellesley Centers for Women, Wellesley College:

- ✓ 1981 Stone Center (Jordan, 2010).
- ✓ 1995 - Jean Baker Miller Training Institute (JBMTI) (Jean Baker Miller Institute, 2015).



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**RELATIONAL CULTURAL THEORY:
BACKGROUND**

RCT Theoretical Development:

•RCT challenges traditional psychological theories that conceive of separation-individuation as the ultimate goal of development (Liang et al., 2002).

•RCT *further* challenges the importance of autonomy, self-interest, competition, and strength in isolation.

•RCT *ultimately* challenges social and cultural power differentials that leave individuals isolated (Jordan, 2010).

The RCT posits that relationships that foster growth through mutual engagement and empowerment are critical to development.

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**RELATIONAL CULTURAL THEORY:
BACKGROUND**

Growth-fostering Relationships - the Dimensions :

Mutual Engagement

Authenticity

Empowerment/Zest

Conflict Tolerance (Liang et al., 2002)

in a “The presence of this combination of qualities... relationship has been termed **Relational Health**” (Liang et al., 2007, p. 35).

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RELATIONAL HEALTH INDICES

Relational Health Indices – RHI (2002)

•Survey tool to measure Relational Health in terms of self in relationship to: Mentor, Peer (friend), and Community.

•Measures 4 operationalized Relationship Dimensions/Qualities:
Mutual Engagement, Authenticity, Empowerment/Zest, Conflict Tolerance

•Defines Growth-fostering Relationships in 3 Domains:

1. Peer
2. Mentor
3. Community

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RHI DEVELOPMENT

• **4 Dimensions** → **4 Sub-Scales:**

1. Mutual Engagement
2. Authenticity
3. Empowerment
4. Conflict Tolerance

In →

• **3 Relationship Domains** → **3 Sub-Indices:**

1. RHI-Peer (RHI-P)
2. RHI-Mentor (RHI-M)
3. RHI-Community (RHI-C)

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RHI DEVELOPMENT

RHI is a multidimensional scale with correlated dimensions

•With some differences in the impact of the 4 Dimensions:

1. Mutual Engagement
2. Authenticity
3. Empowerment
4. ~~Conflict Tolerance~~
(merged)

•Across sub-Indices/Relationship domains:

1. RHI-Peer
2. RHI-Mentor
3. RHI-Community

•Relational Health

- ✓ Conceptually comprised from the 4 Dimensions
- ✓ Associated mental health & adjustment” (Liang et al., 2002, p. 32).

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First study purpose:

To determine the essential nature of relational experiences in girls in SU treatment, as revealed through hermeneutic phenomenological analysis, and to measure and explicate specific dimensions and domains of relational health that can be targeted for intervention, using RHI.

RELATIONAL HEALTH OF TEEN GIRLS

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Specific aims:

Assess the usefulness of the RHI-Y in measuring differences in three dimensions and three domains of supportive relationships, upon admission to treatment, just before discharge, and 3 months after treatment in an in-patient adolescent chemical dependency treatment center

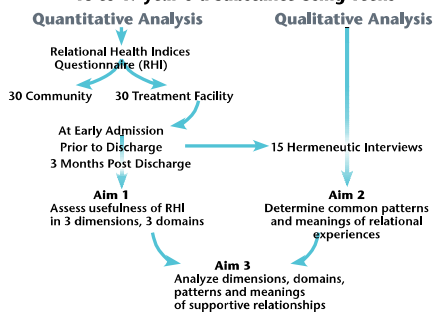
Determine common patterns and meanings of the relational experiences of 16-17 year old girls in SU treatment via in-depth hermeneutic interviews

Generate a comprehensive analysis of the dimensions, domains, patterns and meanings of supportive relationships among 16-17 year old girls in SU treatment, comparing selected findings.

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Exploration of Relational Health in 16 to 17 year old Substance Using Teens



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MULTI-METHOD ANALYSES

- Statistical analysis
- Content analysis
- Jungian analysis
- Hermeneutic analysis

STATISTICAL ANALYSIS

Comparison	T-test
C vs. T ₁ comparison	Independent
T ₁ vs. T ₂ comparison	Paired (28 pairs)
T ₂ vs. C comparison	Independent

- Parametric and nonparametric tests were performed, parametric findings are reported.

Community(C) VS. Treatment Group at Admission(T1) Difference in Mean Scores for each Domain/Dimension

Domain/Dimension	C Group (n=30)		T Group-admission (T1) (n=28)		t
	M	SD	M	SD	
Mentor domain					
Empowerment/Zest	4.23	0.54	3.29	0.92	-4.72***
Engagement	4.46	0.48	4.29	0.95	-0.87
Authenticity	4.30	0.53	4.06	0.97	-1.15
Friend domain					
Empowerment/Zest	4.53	0.45	3.90	0.77	-3.79***
Engagement	4.63	0.42	4.32	0.58	-2.29*
Authenticity	3.80	0.68	4.32	0.64	3.00**
Community domain					
Empowerment/Zest	3.53	0.83	3.11	0.98	-1.78
Engagement	3.55	0.85	3.33	1.08	-0.86
Authenticity	2.88	0.66	2.82	0.81	-0.28

* p < .05 ** p < .01 ***p < .001

TREATMENT GROUP
AT ADMISSION (T₁) VS. AT TIME OF DISCHARGE (T₂)
DIFFERENCE IN MEAN SCORES FOR EACH DOMAIN/DIMENSION

Domain/Dimension	Admission (T ₁) (n=28)		Discharge(T ₂) (n=28)		t
	M	SD	M	SD	
Mentor domain					
Empowerment/Zest	3.29	0.92	3.90	0.70	-2.98**
Engagement	4.29	0.95	4.51	0.42	-1.12
Authenticity	4.06	0.97	4.33	0.66	-1.34
Friend domain					
Empowerment/Zest	3.90	0.77	3.86	0.74	0.30
Engagement	4.32	0.58	4.21	0.73	0.68
Authenticity	4.32	0.64	4.02	0.63	1.97
Community domain					
Empowerment/Zest	3.11	0.98	3.49	0.85	-2.07*
Engagement	3.33	1.08	3.73	0.85	-1.66
Authenticity	2.82	0.81	2.83	0.67	-0.04

* p < .05 ** p < .01

Comparison of Treatment Group at Discharge (T₂) to Community Group (C)
Difference in Mean Scores for each Domain/Dimension

Domain/Dimension	T Group-discharge (T ₂) (n=28)		C Group (n=30)		t
	M	SD	M	SD	
Mentor domain					
Empowerment/Zest	3.90	0.70	4.23	0.54	-1.98
Engagement	4.51	0.42	4.46	0.48	0.47
Authenticity	4.33	0.66	4.30	0.53	0.22
Friend domain					
Empowerment/Zest	3.86	0.74	4.53	0.45	-4.16***
Engagement	4.21	0.73	4.63	0.42	-2.61*
Authenticity	4.02	0.63	3.80	0.68	1.30
Community domain					
Empowerment/Zest	3.49	0.85	3.53	0.83	-0.18
Engagement	3.73	0.85	3.55	0.85	0.82
Authenticity	2.83	0.67	2.88	0.66	-0.26

* p < .05 *** p < .001

Results:

- 1) Romance
- 2) Moms
- 3) Siblings
- 4) Friends
- 5) Future

CONCEPT ANALYSIS

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Results:

- 1) Adolescents live the archetypes (eg: mother, father, friend, lover, wisdom carrier)
- 2) Ego development challenged
- 3) Longings to escape
- 4) Experience of opposites (eg: love parents even if traumatized, want careers in helping professions)

JUNGIAN ANALYSIS

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Getting Along: Negotiating Self and Others

- Belonging
- Being loved/being betrayed
- Being myself

Getting Better: Sensing a Future

- Helping others
- Willing a change
- Looking ahead

HERMENEUTIC ANALYSIS

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- 1) Girls need positive mentors
- 2) Girls confuse yet desire positive relationships with family and friends
- 3) Healthy relationships support recovery
- 4) Recovery means a future of possibilities

IMPLICATIONS

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Second study purpose:

To determine differences in various components of relational health as adolescent girls enter, complete, and leave in-patient treatment, using RHI-Y.

RELATIONAL HEALTH OF TEEN GIRLS

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Specific aim:

Assess the usefulness of the RHI-Y in measuring differences in three dimensions and three domains of supportive relationships, upon admission to treatment, just before discharge, and 3 months after treatment in an in-patient adolescent chemical dependency treatment center

RELATIONAL HEALTH OF TEEN GIRLS

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RHI-YOUTH(RHI-Y)

RHI-Youth (RHI-Y) (2010) - 18 item Scale

“A developmentally appropriate instrument for studying growth-fostering relationships among early and mid-adolescents” (Liang et al., 2010, p. 255).

- RHI-Y is an adaptation of the original RHI:
 - ✓ Simpler vocabulary
 - ✓ Fewer items
- 3 sub-indices/Domains, 6 items in each:
 - ✓ RHI-Y Friendships
 - ✓ RHI-Y Adult Mentor
 - ✓ RHI-Y Community

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RHI-YOUTH(RHI-Y)

- **Growth-fostering relationships**→ healthy sense of self:
 - ✓ Empower youth to develop self-efficacy in self and peers
 - ✓ Forum for youth to practice effective social skills
 - ✓ Help youth improve ability to understand, express, and regulate emotions (Conflict Tolerance) (Liang et al., 2010)
- **RHI-Y Domains:**
 - ✓ RHI-Y Friend
 - ✓ RHI-Y Mentor
 - ✓ RHI-Y Community

RHI-YOUTH(RHI-Y)

RHI-Y Development:

1. Items evaluated by 4 focus groups:
 - ✓ Middle school and high school boys and girls
 - ✓ Sample population -female university students
2. Pilot study of 43 items with 19 middle- and high school students
2. Preliminary Version of RHI-Y: 42 items
 - ✓ 188 middle- and high school students
4. **Final RHI-Y - 18 item Scale**
 - ✓ 5 - point Likert scale range: 1 = never to 5 = always
 - ✓ Positively worded
 - ✓ No Validation items

RHI-YOUTH (RHI-Y)

- Relational Health shown to be associated with psychological and social adjustment in early and mid- adolescence
- Reduced stress significantly related to positive friends and mentor relationships
- Close friendships are important factors in supporting adolescent development
(Liang et al., 2010)

SUMMARY AND DISCUSSION

- Second study using RHI-Y in progress
- We think RHI-Y may be useful in targeting specific dimensions and domains of relational health and in complementing qualitative methods
- We are rethinking gender in the context of relational health

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THANK YOU FOR YOUR KIND ATTENTION

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Questions, Thoughts



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