

Treatment Resources for Adolescents with Substance Use Disorder:

Expanding Support in the Home, School and Community

Peter Jackson, MD

Assistant Professor of Psychiatry, The University of Vermont Larner College of Medicine

Medical Director, UVMMC Addiction Treatment Center

Objectives

1. Evaluate strategies for enhancing treatment and recovery planning for adolescents with Opioid Use Disorder (OUD).
2. Implement family-based interventions for adolescents struggling with Substance Use Disorder (SUD).
3. Analyze school-based recovery programs designed for adolescents with SUD.
4. Summarize research findings on the effectiveness of mutual help groups for adolescents with SUD.

Disclosures

- None

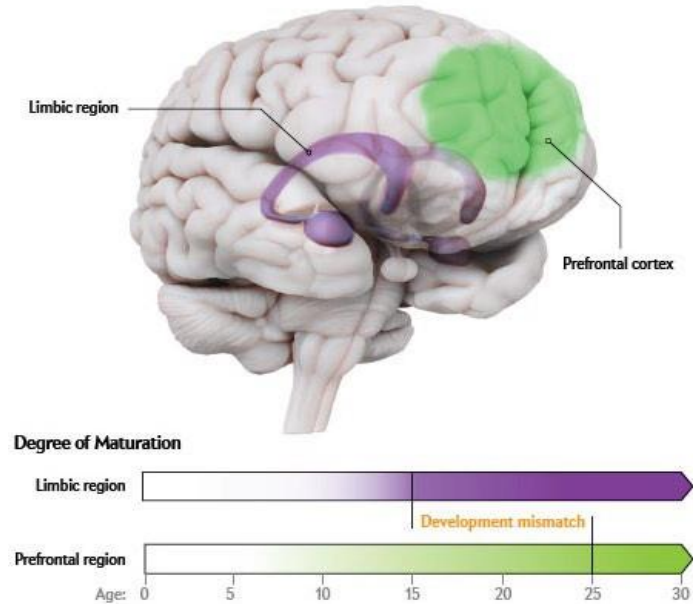
Outline

- Background
- Family-Based Interventions
- School and educational-based recovery supports
- Mutual Help Supports
- Questions

Transitional Age Brain



Chung, 2017

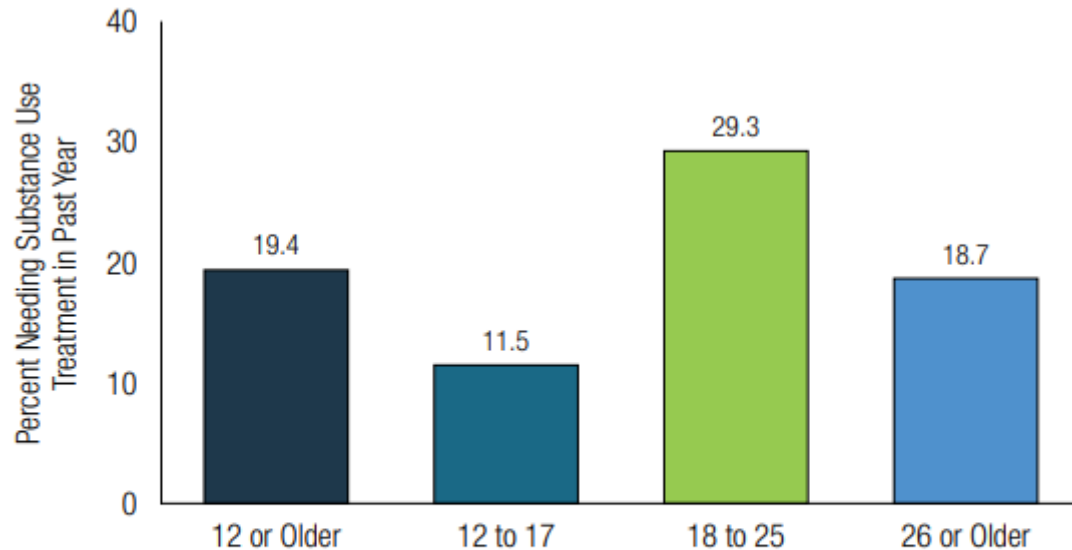


Geidd, 2015

Stigma Messaging

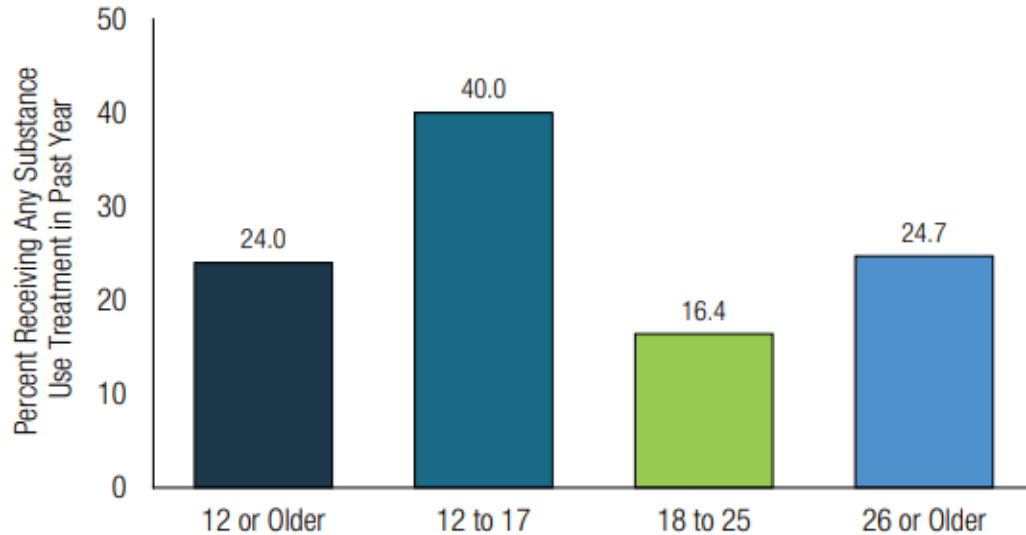
- People who use substances are not bad people.
- Reducing risk and negative impact is important
- All forms of substance use carry potential risks and harms.
- Earlier exposure correlates with a higher likelihood of SUD and higher severity of SUD
- Can we “have our cake and eat it too?”

Percent of Population Needing SUD Treatment



Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

Percent of those with SUD Receiving Treatment

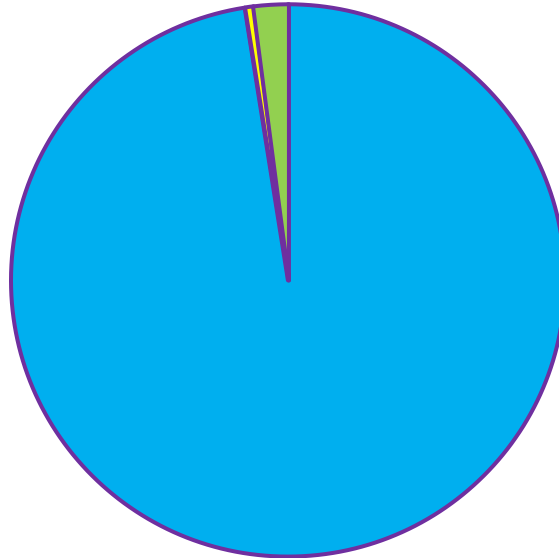


Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

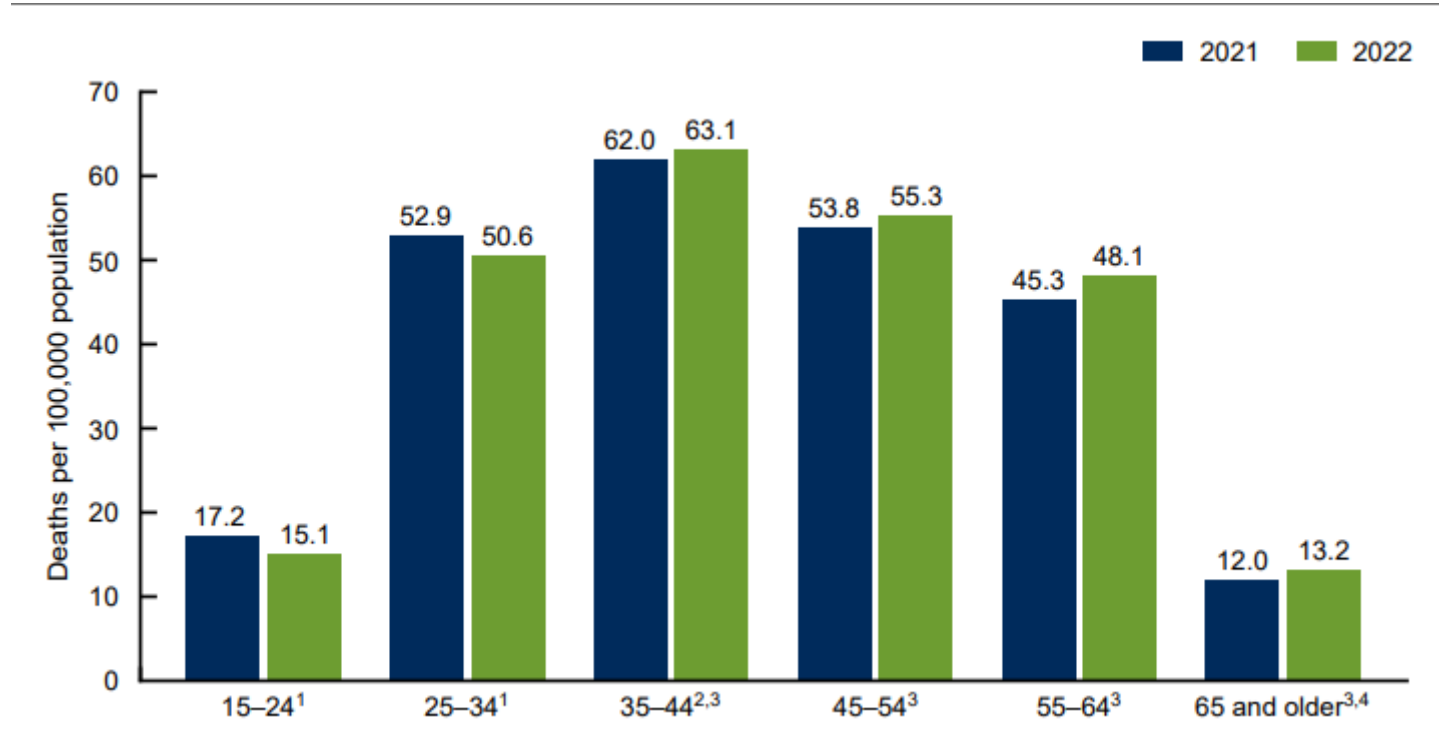
1.8 million US adolescents with SUD

% of individuals 12-17 with SUD not receiving treatment

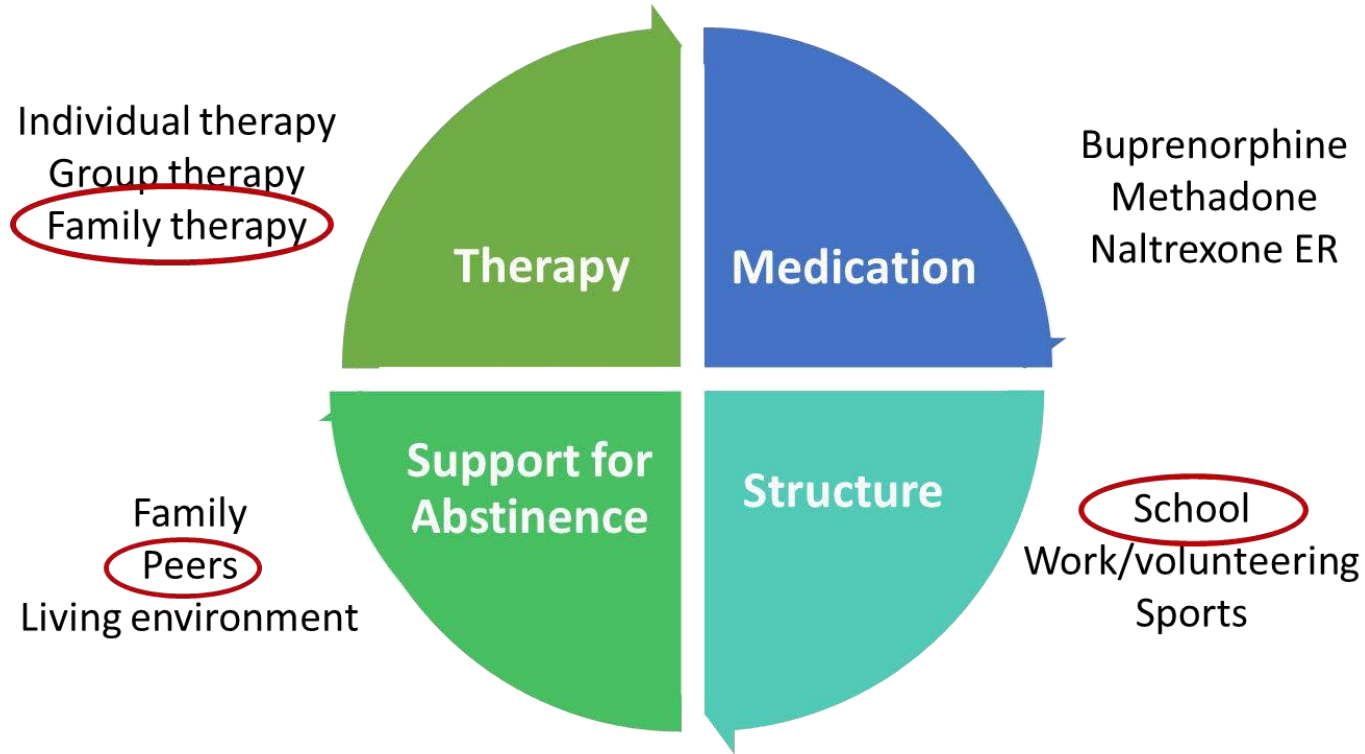


■ Did not see need for treatment ■ Sought treatment ■ saw need but didn't seek treatment

Rates of Drug Overdose Death



Multifaceted Treatment Approach for OUD



Thinking Outside the [Box] Office



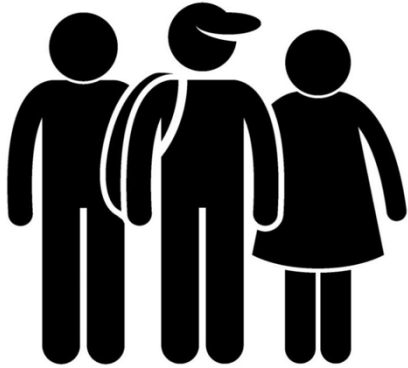
Home—Family/Friends School Treatment

Young people, particularly adolescents, spend the majority of their time at home and school. It is important that they have recovery support in these environments.

Family Based Interventions

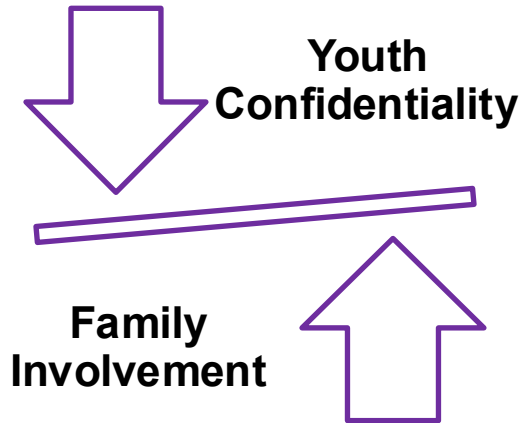


Types of family-based interventions for young people with SUD



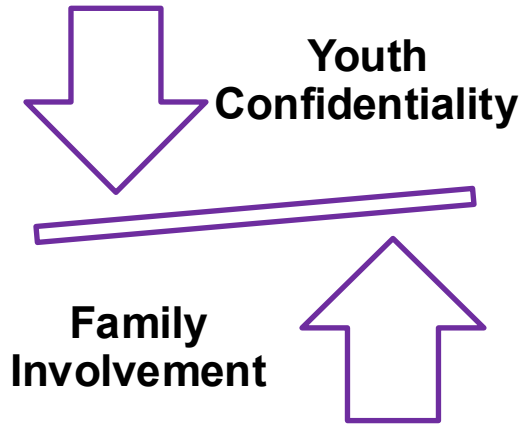
- **Family therapy**
 - Functional Family Therapy
 - Multidimensional Family Therapy
 - Brief Strategic Family Therapy
 - Multisystemic Therapy
- **Unilateral Treatment—Parents only**
 - Community Reinforcement and Family Training (CRAFT)

Family involvement is a key component when working with young people with SUD



- Parental concern about a young person's substance use is frequently the reason young people present for SUD treatment
- Parents can play an active and important role in:
 - Encouraging treatment engagement
 - Monitoring young people over time
 - Encouraging treatment re-entry after relapse

Confidentiality



- State laws vary regarding adolescent confidentiality when engaged in substance use disorder care
- Young people can feel reluctant to sign releases of information authorizing information to be shared with parents

Family Therapy Modality Highlights

Functional Family Therapy	Multidimensional Family Therapy	Brief Strategic Family Therapy	Multisystemic Therapy
<ul style="list-style-type: none"> - Youth ages 11-18 - CBT and systemic therapy based - A phasic program beginning with engagement and motivation enhancement, focusing on specific behavior change goals, then concludes with generalization of skills acquired and planning for the future 	<ul style="list-style-type: none"> - Ages 10-26 - Youth, Parent, Family, Community - Individual work with youth - Individual work with parent, or parents together - Family Work - Efforts to improve collaboration with and connection to other "dimensions" of a youth's life, including school and any other involved agencies 	<ul style="list-style-type: none"> - Ages 6 to 17 and family - Structured family systems approach - For both externalizing and internalizing symptoms in youth - Targeting maladaptive family interactions - Joining, observing and identifying interactional patterns, restructuring and reframing 	<ul style="list-style-type: none"> - 12-17 year old youth - Ecological assessment of youth, family, school and community - Common application in justice involved youth and their families - Clinicians are on call 24/7 - Introduce pro-social recreation and focus on school and job skills

Common Themes of Evidence Based Family Therapy Modalities

- Contingency management
- Improving communication
- Parent training for effective discipline
- Conflict resolution techniques
- Behavioral contracts
- Motivational interviewing/motivational enhancement
 - For both family and adolescent
- Involving and connecting multiple systems
 - Home, school, neighborhood, clinic, social groups

Do I have a general tendency?



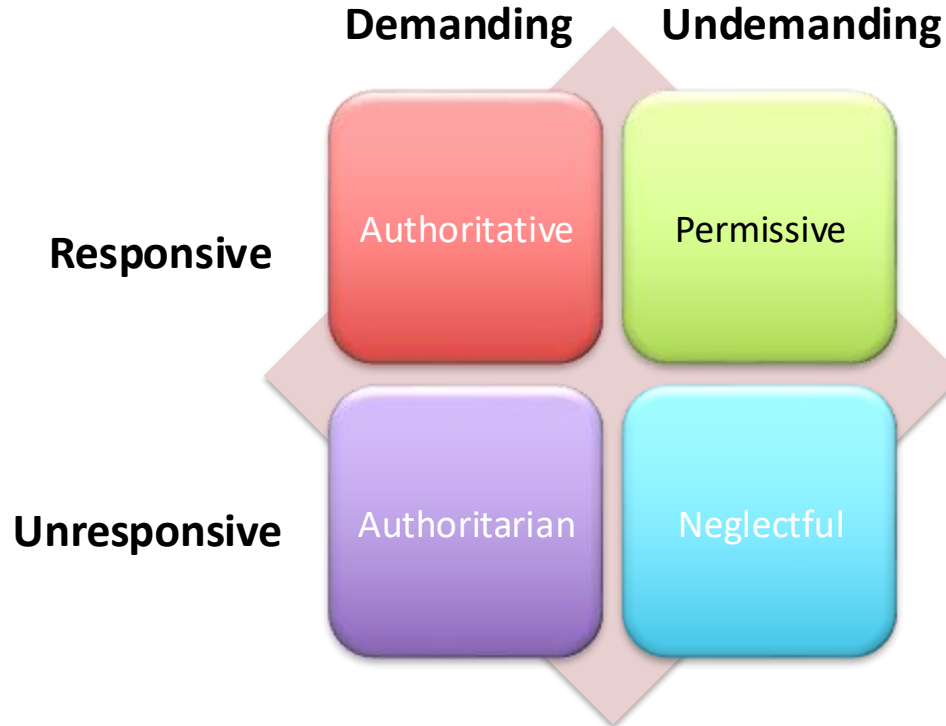
Side with
adolescent



Side with
parent

-5 -4 -3 -2 -1 0 1 2 3 4 5

Baumrind's Parenting Styles



Range of parental emotion

“I’m just trying to keep the peace at this point.”

“He’s going to have his fun and learn it the hard way I guess, just like I did.”

“I have given up, everything I say she’ll do the exact opposite, like a normal teenager.”

“I will take away your phone forever, just try me.”

What's in our
**Secret
Sauce?**



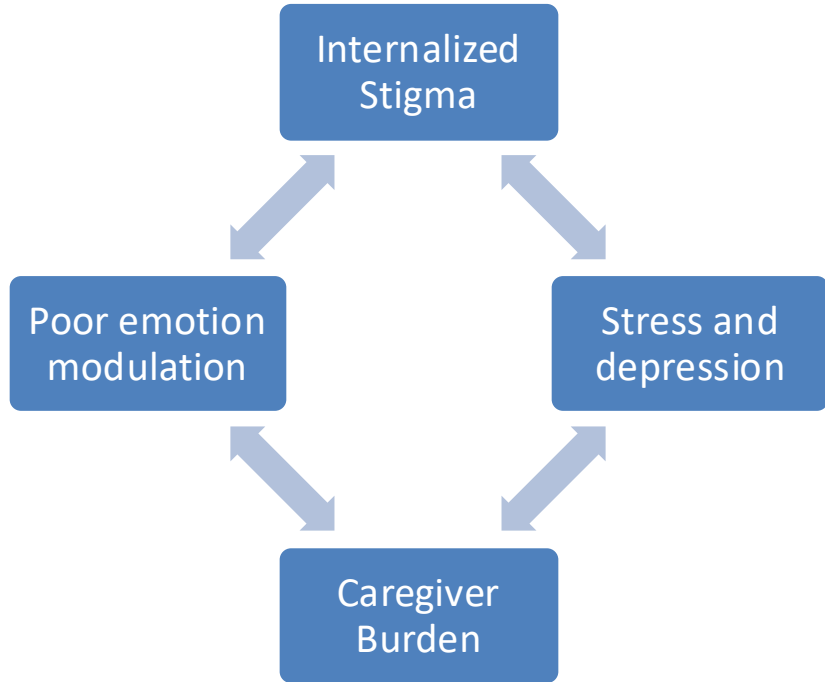
Courtesy (Associative) Stigma

- Stigma experienced by those closely tied to or in contact with stigmatized groups, including treatment professionals, family, and friends.
- Part of a dangerous cycle of further isolation for individuals with SUD (Wogen, 2020)
- “I’m so sorry to hear that.” “But you’re family seems so normal...”
- “Co-dependent”, “enabling”, “parentectomy”

Parent Impact when a child uses substances

- Shame, embarrassment, feeling like they are to blame
- Decreased treatment seeking
- Delay in treatment seeking
- Sense of failure
- Isolation, decreased comfort in social interactions

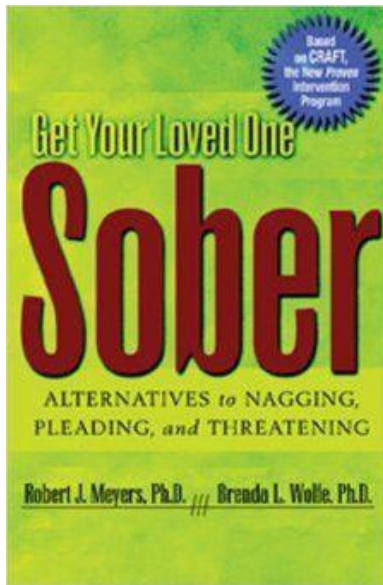
The Impact of Stigma on Parents of Adolescents and Young adults who use Substances



- 264 caregivers of young adults surveyed
- Male caregivers reported more internalized stigma and greater difficulty regulating distress

Parent-Only Intervention

- Community Reinforcement and Family Training (CRAFT)



Meyers, 1999

- Targeted concerned family members to help motivate individuals with SUD to engage in treatment
- Delivered over 10 to 12 weeks

Goals:

- Improve caregiver's emotional functioning
- Teach principles of contingency management to reinforce behavioral change
- Help build communication and problem-solving skills

CRAFT Efficacy

- Meta-analysis comparing unilateral treatments for adults with SUD
 - Al-Anon
 - Family members are powerless over loved one's addiction
 - Detach with love from the individual with SUD, do not try to influence their behavior
 - Johnson Intervention
 - Family group confrontation
 - Increase family member's insight into the negative impact of substance-related behavior
 - Results:
 - CRAFT is three times as effective as Al-Anon (4 studies)
 - CRAFT is twice as effective as the Johnson intervention (1 study)

CRAFT Efficacy

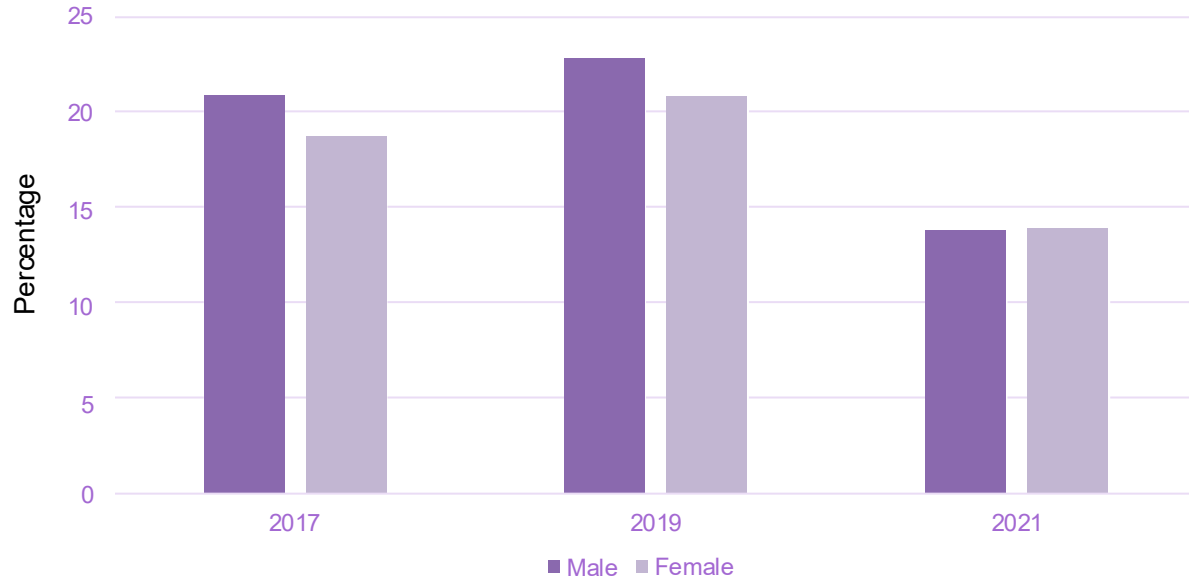
- Generally effective in engaging 2/3 of adults with SUD in treatment typically after 4 to 6 sessions
- Decreased depression & anger in family members, increased family cohesion
- **Young adult specific:**
- both CRAFT and Parent Counseling improved rates of treatment entry and decreased young adult substance use (Siljeholm, 2024)
- **Adolescent specific:**
 - No randomized controlled trial studies published to date
 - Waldron 2007
 - 42 adolescents who refused to engage in SUD treatment, and their parents
 - 71% of adolescents engaged in treatment and reduced their cannabis use (74% to 64% days of cannabis use over the prior 90 days)
 - Parents had significantly decreased symptoms of depression and anxiety at 6 months
 - Adaptation for parents of adolescents with emphasis on treatment entry training

School and Education-Based Interventions

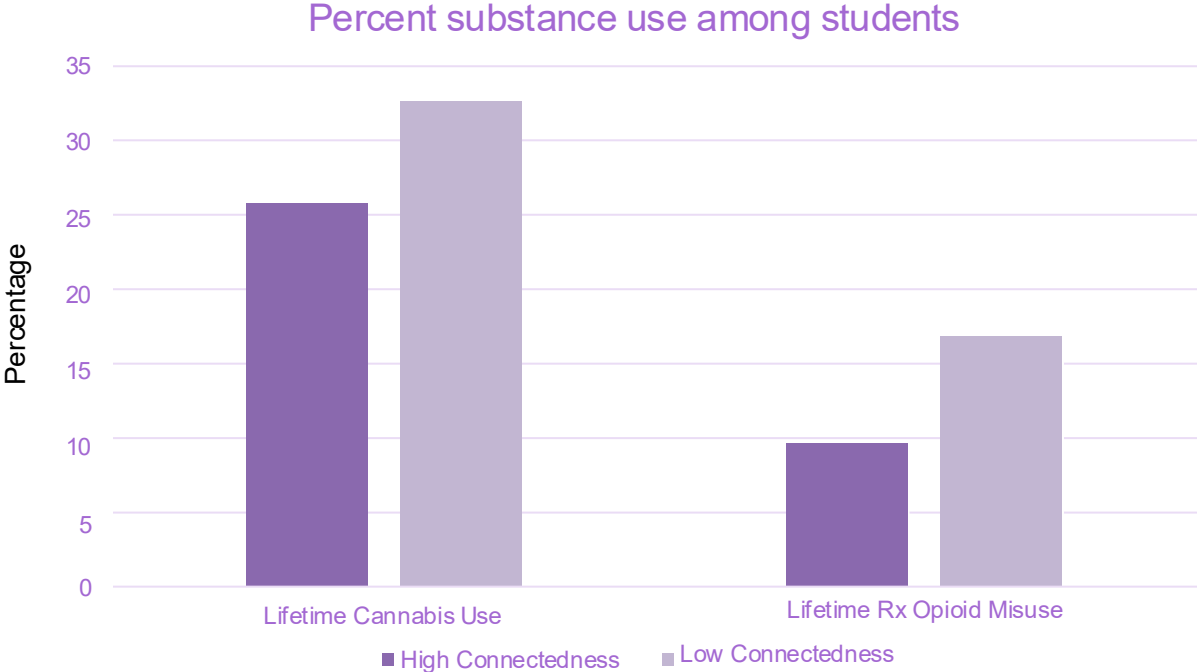


Substances in School

Were you offered sold or given an illegal drug at school in past year?



School Connectedness – High School



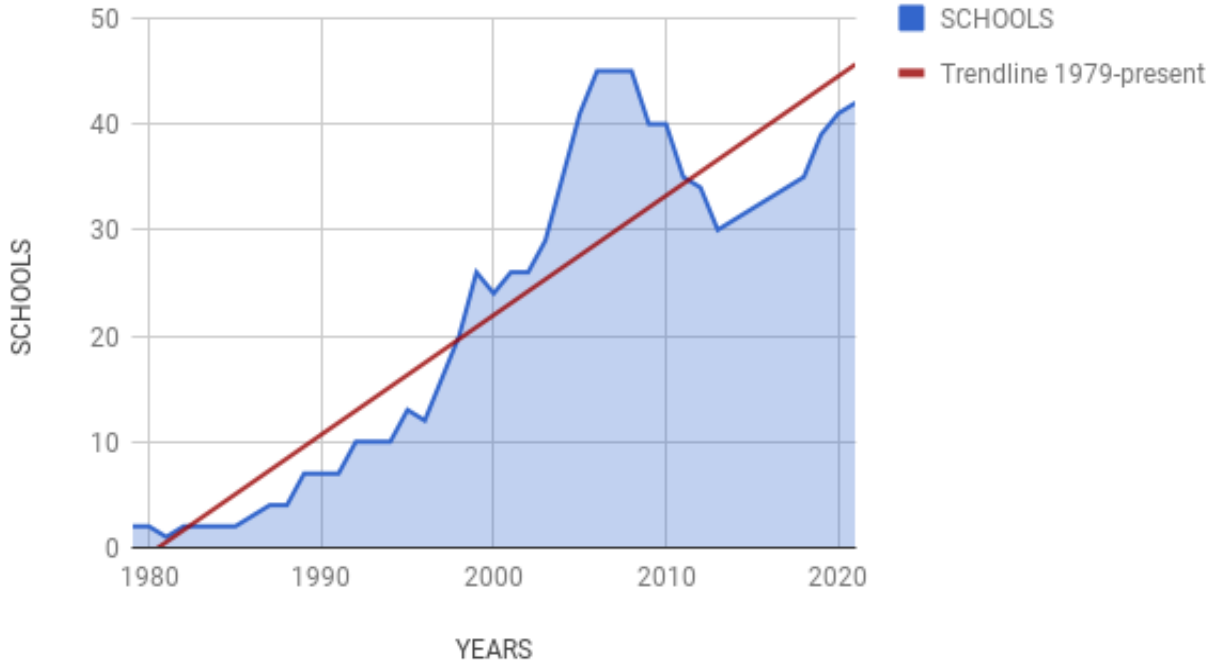
Recovery High Schools

- Full range of academic services provided in a structured environment that promotes recovery
- Increasing in number over the past 30 years
- Resources for information:
Association of Recovery Schools



Growing Number of Recovery High Schools

RECOVERY HIGH SCHOOLS BY YEAR



Recovery High Schools Help Young People Remain Abstinent

- Adolescents with SUD who received treatment—Recovery High School vs Non-Recovery High School
 - 194 adolescents, mean age 16 years, 93% had a co-occurring psychiatric disorder
 - Quasi-experimental design, matched adolescents who attended a Recovery High School for at least one month with those who did not use propensity scores
 - Outcomes:
 - 4x more likely to be abstinent from all substances at 6-month follow-up if attended a Recovery High School
 - Over 90 days, significantly lower cannabis use (14 fewer days) and less absenteeism from school (5 fewer days) associated with Recovery High School attendance
 - Higher rates of high school graduation

Finch 2018, Weimer 2019

Collegiate Recovery Programs



- Supportive environment within the campus culture that reinforces recovery. Example components:
 - Substance-free housing
 - On-campus recovery skills development or group meetings
 - Substance-free social events
 - Physical facilities—drop-in space with staff
 - Academic advising
 - Mental health access/referral pathway
- Increasing in number over the past 10 years, currently approximately 160 programs nationally
- Resources for information: Association of Recovery in Higher Education; collegiaterecovery.org

Collegiate Recovery Program Efficacy

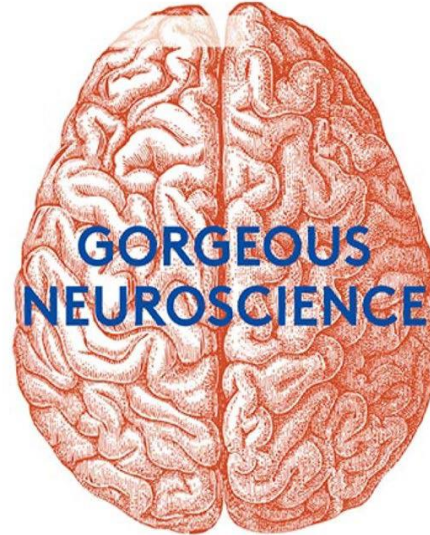
- Improved GPA on average
- Robust engagement, over 70%
- Appear Beneficial for longer-term recovery

- Areas for improvement:
 - More robust measurement of standardized outcomes
 - Expand beyond observational and qualitative assessment
 - Expand outreach to minority populations
 - Engaging younger students

Additional Programs and Services



UVM RESIDENTIAL LIFE
WELLNESS ENVIRONMENT



Mutual Help Organizations



Peer Led Mutual Help Organizations



- 12-step—Alcoholics Anonymous and Narcotics Anonymous
- Secular (Non-12-step)—SMART Recovery, Women for Sobriety
- Religious—Celebrate Recovery

12-step organizations



- 60 to 90-minute peer-led, free group meetings.
- Abstinence-oriented, encourages participants to work through a series of 12 steps to facilitate spiritual and emotional growth as part of recovery.
- Key component of efficacy—need to be an active participant.

Young People and 12-step meetings

- AA/NA attendance has been associated with more days abstinent in adolescents engaged in outpatient SUD treatment
- Adolescents generally feel very safe at AA/NA meetings
 - 22% reported at least one negative incident at AA or NA over a lifetime
- Challenges for young people:
 - Limited participation of same-aged peers in meetings
 - Admission of powerlessness

What do young people like about 12-Step Meetings?

- Adolescent and Young adults' 12-step participation experiences:
 - Most helpful aspects: belonging, validation, and instillation of hope
 - Least liked aspects: meeting structure, needing to motivate oneself to attend
 - Reasons for discontinuation: logistical barriers, low recovery motivation/interest

How do young people benefit from mutual help groups?

Adults with alcohol use disorders—Younger and older adults both benefit from attending AA (decreased drinking days, decreased drinks). **How** younger and older adults benefit is different.

Mechanism of Decreased Drinks per Drinking Day	Younger	Older Adults
Less people who encourage drinking in social network	42%	18%
Improved ability to cope with high risk for drinking social situations	38%	29%
More people who encourage abstinence in social network	10%	14%
Increased religiosity	6%	19%
Less symptoms of depression	3%	12%

Psychiatric Co-Morbidity and Mutual Help Groups

- Young people with co-occurring SUD and psychiatric illness engage at equal rates in AA as young people with SUD only
 - Equal rate of engagement in AA/NA and number of meetings attended
 - Low versus high levels of AA/NA involvement
 - Low involvement—young people with co-occurring SUD and psychiatric illness had less percent days abstinence than young people with SUD only
 - High involvement—young people with co-occurring SUD and psychiatric illness had equal percent days abstinence as young people with SUD only

Does the mutual help group need to be substance specific?

- Alcoholics Anonymous vs Narcotics Anonymous
 - Young adults with alcohol or drug use disorders primarily attended AA
 - When young adults with a drug use disorder who **attended AA** were compared to those who **attended NA**
 - Both groups had a similar number of days abstinent
 - Both groups were just as likely to participate in 12-step groups in the future
- Young adults with a drug use disorder may in general do as well in AA as NA

12-step facilitation and young people

- Twelve-step facilitation (TSF) treatment
 - Semi-structured therapy for individuals with a substance use disorder that systematically link and encourage active participation with 12-step mutual help organizations.
 - Strong evidence exists supporting TSF interventions in the treatment of alcohol use disorders in adults
- Adolescents
 - Integrated TSF (TSF with motivational enhancement therapy/cognitive behavioral therapy) versus standard motivational enhancement therapy/cognitive behavioral therapy
 - No difference in percent days abstinence
 - Integrated TSF attended greater number of 12-step meetings and had less consequences associated with substance use



Fred Rogers

“Anything that's human
is **mentionable**, and
anything that
is **mentionable** can be
more **manageable**. When
we can talk about our
feelings, they become
less overwhelming, less
upsetting, and less
scary.”

Conclusions

- Substance Use, including the recent opioid epidemic represents one of the greatest current threats to adolescent health and wellbeing
- In clinic interventions can be accompanied by family, school and community supports and resources to create a multi-faceted treatment plan for individuals and families

Questions

Peter.Jackson@uvmhealth.org

References

- Archer, M., Harwood, H., Stevelink, S., Rafferty, L., & Greenberg, N. (2020). Community reinforcement and family training and rates of treatment entry: A systematic review. *Addiction (Abingdon, England)*, 115(6), 1024–1037. <https://doi.org/10.1111/add.14901>
- Association of Recovery in Higher Education. (2024). National collegiate recovery directory. <https://collegiaterecovery.org/crps-crps/>
- Bergman, B. G., Greene, M. C., Hoepfner, B. B., Slaymaker, V., & Kelly, J. F. (2014). Psychiatric comorbidity and 12-step participation: A longitudinal investigation of treated young adults. *Alcoholism: Clinical and Experimental Research*, 38(2), 501-510.
- Brewer, C., & Wong, V. S. (2004). Naltrexone: Report of lack of hepatotoxicity in acute viral hepatitis, with a review of the literature. *Addiction Biology*, 9(1), 81-87.
- Center for Behavioral Health Statistics and Quality. (2023). Results from the 2022 National Survey on Drug Use and Health: Detailed tables. Substance Abuse and Mental Health Services Administration.
- Chung, W. W., & Hudziak, J. J. (2017). The transitional age brain: “The best of times and the worst of times.” *Child and Adolescent Psychiatric Clinics of North America*, 26(2), 157– 175. <https://doi.org/10.1016/j.chc.2016.12.017>
- Finch, A. J., Tanner-Smith, E., Hennessy, E., & Moberg, D. P. (2018). Recovery high schools: Effect of schools supporting recovery from substance use disorders. *American Journal of Drug and Alcohol Abuse*, 44(2), 175-184.

References

- Friedman, J., Godvin, M., Shover, C. L., Gone, J. P., Hansen, H., & Schriger, D. L. (2022). Trends in drug overdose deaths among US adolescents, January 2010 to June 2021. *JAMA*, 327(14), 1398–1400.
- [Giedd, J. N. \(2015\). The amazing teen brain. *Scientific American*, 312\(6\), 32–37. https://doi.org/10.1038/scientificamerican0615-32](https://doi.org/10.1038/scientificamerican0615-32)
- Hennessy, E. A., Nichols, L. M., Brown, T. B., & Tanner-Smith, E. E. (2022). Advancing the science of evaluating collegiate recovery program processes and outcomes: A recovery capital perspective. *Evaluation and Program Planning*, 91, 102057. <https://doi.org/10.1016/j.evalprogplan.2022.102057>
- Hennessy, E. A., Tanner-Smith, E. E., Finch, A. J., Sathe, N., & Kugley, S. (2018). Recovery schools for improving behavioral and academic outcomes among students in recovery from substance use disorders: A systematic review. *Campbell Systematic Reviews*, 14(1), 1–86. <https://doi.org/10.4073/csr.2018.9>
- Hennessy, E. A., Tanner-Smith, E. E., Nichols, L. M., Brown, T. B., & McCulloch, B. J. (2021). A multi-site study of emerging adults in collegiate recovery programs at public institutions. *Social Science & Medicine*, 278, 113955. <https://doi.org/10.1016/j.socscimed.2021.113955>

References

- Hoepfner, B. B., Hoepfner, S. S., & Kelly, J. F. (2014). Do young people benefit from AA as much, and in the same ways, as adults aged 30+? A moderated multiple mediation analysis. *Drug and Alcohol Dependence*, 143, 181-188.
- Hogue, A., Henderson, C. E., Becker, S. J., & Knight, D. K. (2018). Evidence base on outpatient behavioral treatments for adolescent substance use, 2014-2017: Outcomes, treatment delivery, and promising horizons. *Journal of Clinical Child & Adolescent Psychology*, 47(4), 499-526.
- Kelly, J. F., Dow, S. J., Yeterian, J. D., & Kahler, C. W. (2010). Can 12-step group participation strengthen and extend the benefits of adolescent addiction treatment? A prospective analysis. *Drug and Alcohol Dependence*, 110(1-2), 117-125.
- Kelly, J. F., Dow, S. J., Yeterian, J. D., & Myers, M. (2011). How safe are adolescents at AA and NA meetings? A prospective investigation with outpatient youth. *Journal of Substance Abuse Treatment*, 40(4), 419-425.
- Kelly, J. F., Greene, M. C., & Bergman, B. G. (2014). Do drug-dependent patients attending Alcoholics Anonymous rather than Narcotics Anonymous do as well? A prospective, lagged, matching analysis. *Alcohol and Alcoholism*, 49(6), 645-653.

References

- Kelly, J. F., Kaminer, Y., Kahler, C. W., Hoepfner, B., Yeterian, J., Cristello, J. V., & Timko, C. (2017). A pilot randomized clinical trial testing integrated 12-step facilitation (iTSF) treatment for adolescent substance use disorder. *Addiction*. <https://doi.org/10.1111/add.13920>
- Kelly, J. F., Yeterian, J. D., & Myers, M. G. (2008). Treatment staff referrals, participation expectations, and perceived benefits and barriers to adolescent involvement in 12-step groups. *Alcoholism Treatment Quarterly*, 26(4), 427-449.
- Kirby, K. C., Benishek, L. A., Kerwin, M. E., Dugosh, K. L., Carpenedo, C. M., Bresani, E., Haugh, J. A., Washio, Y., & Meyers, R. J. (2017). Analyzing components of Community Reinforcement and Family Training (CRAFT): Is treatment entry training sufficient? *Psychology of Addictive Behaviors*, 31(7), 818–827. <https://doi.org/10.1037/adb0000306>
- Kirby, K. C., Versek, B., Kerwin, M. E., Meyers, K., Benishek, L. A., Bresani, E., Washio, Y., Arria, A., & Meyers, R. J. (2015). Developing Community Reinforcement and Family Training (CRAFT) for parents of treatment-resistant adolescents. *Journal of Child & Adolescent Substance Abuse*, 24(3), 155–165. <https://doi.org/10.1080/1067828X.2013.777379>
- Labbe, A. K., Slaymaker, V., & Kelly, J. F. (2014). Toward enhancing twelve-step facilitation among young people: A systematic qualitative investigation of young adults' 12-step experiences. *Substance Abuse*, 35(4), 399-407.

References

- Laudet, A., Harris, K., Kimball, T., Winters, K. C., & Moberg, D. P. (2014). Collegiate recovery communities programs: What do we know and what do we need to know? *Journal of Social Work Practice in the Addictions*, 14(1), 84-100.
- Laudet, A. B., Harris, K., Kimball, T., Winters, K. C., & Moberg, D. P. (2015). Characteristics of students participating in collegiate recovery programs: A national survey. *Journal of Substance Abuse Treatment*, 51, 38-46.
- Laudet, A. B., Harris, K., Kimball, T., Winters, K. C., & Moberg, D. P. (2016). In college and in recovery: Reasons for joining a collegiate recovery program. *Journal of American College Health*, 64(3), 238-246.
- Moberg, D. P., & Finch, A. J. (2008). Recovery high schools: A descriptive study of school programs and students. *Journal of Groups in Addiction & Recovery*, 2, 128-161.
- Myers, R. J., Miller, W. R., Hill, D. E., & Tonigan, J. S. (1999). Community Reinforcement and Family Training (CRAFT): Engaging unmotivated drug users in treatment. *Journal of Substance Abuse*, 10(3), 291-308.
- National Institute on Drug Abuse. (2023, December 13). Unintentional drug overdose death rates among US youth aged 15-19. <https://nida.nih.gov/research-topics/trends-statistics/infographics/unintentional-drug-overdose-death-rates-among-us-youth-aged-15-19>
- Russell, B. S., D'Aniello, C., Tambling, R. R., & Stekler, N. (2023). Internalized stigma and caregiver burden among parents of young adults with substance use disorders. *Family Relations*, 72(4), 1845-1858.
- Russell, B. S., D'Aniello, C., Tambling, R. R., & Horton, A. L. (2022). Distress among parents of individuals with substance use disorders: Factors that shape the context of care. *International Journal of Mental Health and Addiction*

References

- Schaeffer, C. M., & McCarthy, D. M. (2021). The role of community in recovery from substance use disorder: A review of the literature. *Journal of Substance Abuse Treatment*, 123, 108263. <https://doi.org/10.1016/j.jsat.2021.108263>
- Siqueira, L. M., & Clark, M. A. (2018). Collegiate recovery programs: A review of the literature. *Addiction Research & Theory*, 26(6), 483-493.
- Smith, R., & Wolf, J. (2023). Overview of 12-step programs: Evidence and implications for recovery. *Journal of Substance Abuse Treatment*, 109, 40-52.
- Substance Abuse and Mental Health Services Administration. (2021). National survey on drug use and health: Methodological summary and definitions. <https://www.samhsa.gov/data/nsduh-reports>
- Swann, A. C., & Franklin, T. R. (2023). Substance use and mental health disorders among adolescents: A review. *Journal of Adolescent Health*, 72(4), 623–633.
- White, W. L., & Evans, A. C. (2022). Recovery high schools: A national survey of practices and outcomes. *Journal of Substance Abuse Treatment*, 106, 60-70. <https://doi.org/10.1016/j.jsat.2021.10.002>
- Young, A., & Davies, S. (2019). Adolescent substance use recovery: A longitudinal study of recovery capital in collegiate environments. *Journal of Substance Use Treatment*, 99, 21- 29.
- Zanis, D. A., & Cacciola, J. S. (2014). Understanding the effectiveness of collegiate recovery programs. *Addictive Behaviors*, 39(12), 1701-1708.

Thank you