

The “Age of Feeling In-Between”: Contemporary Strategies to Aid Treatment and Recovery for Emerging Adults with Substance Use Disorder

Recovery Science Webinar Series

Brandon G. Bergman, PhD

03/26/25



Opioid
Response
Network



Working with communities.

- ✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, recovery and harm reduction of opioid use disorders and stimulant use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79TI088037 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Working with communities.

- ✧ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, harm reduction, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ✧ *ORN* accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.





Approach: To build on existing efforts, enhance, refine and fill in gaps when needed while avoiding duplication and not “recreating the wheel.”

Overall Mission

To provide training and technical assistance via local experts to enhance **prevention, harm reduction, treatment** (especially medications like buprenorphine, naltrexone and methadone) and **recovery** efforts across the country addressing state and local - specific needs.





WE HELP YOU HELP OTHERS



Contact the Opioid Response Network

- ✦ To ask questions or submit a request for technical assistance:
 - Visit www.OpioidResponseNetwork.org
 - Email orn@aaap.org

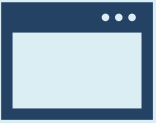


Recovery Science Series Webinars – Past Events

1. Recovery Support Services: Science and Practice, John Kelly, Ph.D.
2. Understanding and Addressing Substance Use Disorder Stigma in Clinical Care Settings, John Kelly, Ph.D.
3. Digital Recovery Support Services, Brandon Bergman, Ph.D.
4. Using Recovery Science to Dismantle Racial Inequities in Opioid Use Disorder, Corrie Vilsaint, Ph.D.
5. Examining Opioid Use Disorder Through the Lens of Recovery, Lauren A. Hoffman, Ph.D.
6. Recovery Community Organizations (RCOs): The Hub of Recovery Support in the Community, Patty McCarthy and Philip Rutherford, Faces & Voices of Recovery
7. Recovery High Schools as a Protective Factor against the Progression of Substance Use & Co-Occurring Disorders, Andrew Finch, Ph.D.
8. Collegiate Recovery: From Science to Policy, Noel Vest, Ph.D.
9. Mutual Help Groups as an Addiction Recovery Resource, Keith Humphreys, Ph.D.
10. Recovery Homes: Potential and Future Challenges, Leonard Jason, Ph.D.
11. Building Adolescent and Family Recovery Capital Through Community Supports, Emily Hennessy, Ph.D.
12. Incorporating Recovery Coaches into General Medical Settings, Dr. Sarah Wakeman and Windia Rodriguez
13. Considerations for Addressing Substance Use Disorder in Emerging Adults, Ashli Sheidow, Ph.D.
14. Integrating Behavioral Therapy with Pharmacotherapy in Treating Patients with Substance Use Disorders, Roger Weiss, M.D.
15. Medications for Stimulant Use Disorder: Evidence, Infrastructure and Cultural Factors that Support Whole Person Care, Steve Shoptaw, Ph.D.
16. Recovery Coaches: What Do They Do, Where Are They Being Utilized, Are They Effective?, David Eddie, Ph.D.



Polling Questions



A pop-up Zoom window will appear with the poll questions



You must complete all questions before clicking to submit
---> Remember to scroll down to see all the questions!



We will share the poll results after a few minutes



Your responses will remain anonymous



The “Age of Feeling In-Between”: Contemporary Strategies to Aid Treatment and Recovery for Emerging Adults with Substance Use Disorder

Brandon G. Bergman, PhD

Assistant Professor, Harvard Medical School

Associate Director, Recovery Research Institute

March 26, 2025



Massachusetts General Hospital
Founding Member, Mass General Brigham

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Disclosures

- ✧ Dr. Bergman's work is or has been funded by the following organizations and entities
 - NIAAA
 - Massachusetts Department of Public Health
 - Recovery Research Institute

- ✧ Dr. Bergman has served as a consultant or co-investigator on grants that are submitting and pending, or funded by, the following organizations and entities
 - NIAAA
 - NIDA

- ✧ Dr. Bergman has no direct financial stake in any of these organizations or entities



Objectives/Agenda

- 1) To operationalize emerging adulthood as a unique stage of the life course
- 2) To describe differences in substance use disorder (SUD) prevalence and treatment seeking among emerging adults vs. adolescents and established adults
- 3) To outline challenges in emerging adult SUD treatment and recovery
- 4) To propose strategies that can address challenges in emerging adult SUD treatment and recovery



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The Extension of “Youth”

- ✧ Extended timing of establishing stable work, marriage, and parenthood (Arnett et al. 2014)

- ✧ Emerging adulthood (e.g., 18-29) (Arnett & Schwab, 2012)

- Identity explorations
- Instability
- Self-focus
- Feeling “in-between”
- Possibilities and optimism

% Agree (Somewhat or Strongly) with Each Statement	
This time of my life is fun and exciting	83%
This time of my life is full of changes	83%
Overall, I am satisfied with my life	81%
At this time of my life, I feel I have a great deal of freedom	73%
This time of my life is stressful	72%
This time of my life is full of uncertainty	64%
I often feel anxious	56%
I often feel depressed	32%
I often feel that my life is not going well	30%



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Emerging Adults Disproportionately Evidence Harmful Substance Use

Figure 19. Past Year Prescription Stimulant Misuse, Past Year Prescription Tranquillizer or Sedative Misuse, or Past Year Prescription Pain Reliever Misuse: Among People Aged 12 or Older; 2023

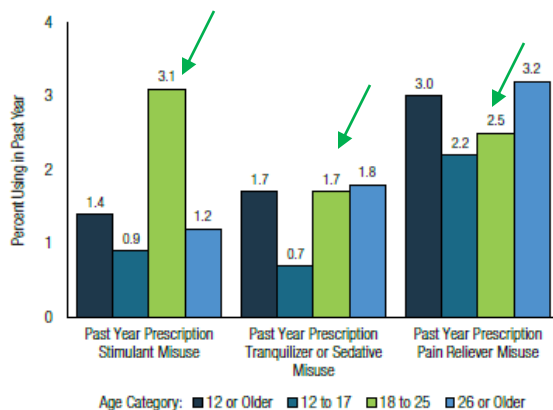


Figure 17. Past Year Cocaine Use or Past Year Heroin Use: Among People Aged 12 or Older; 2023

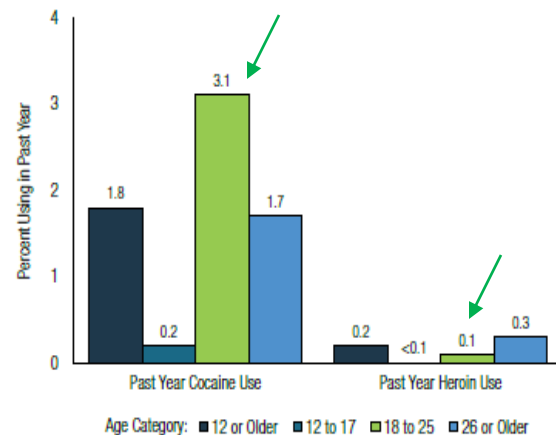
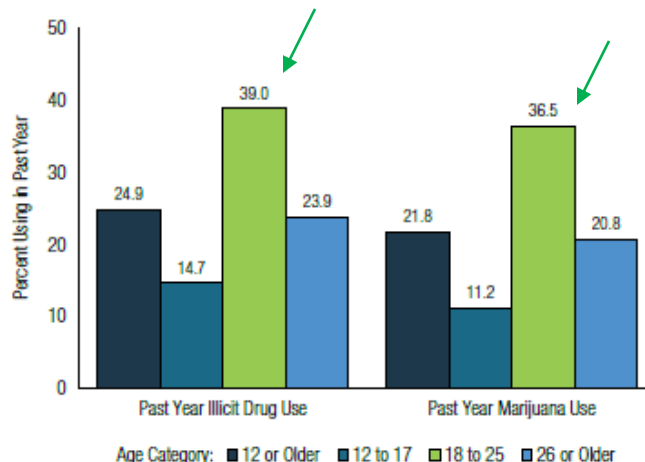


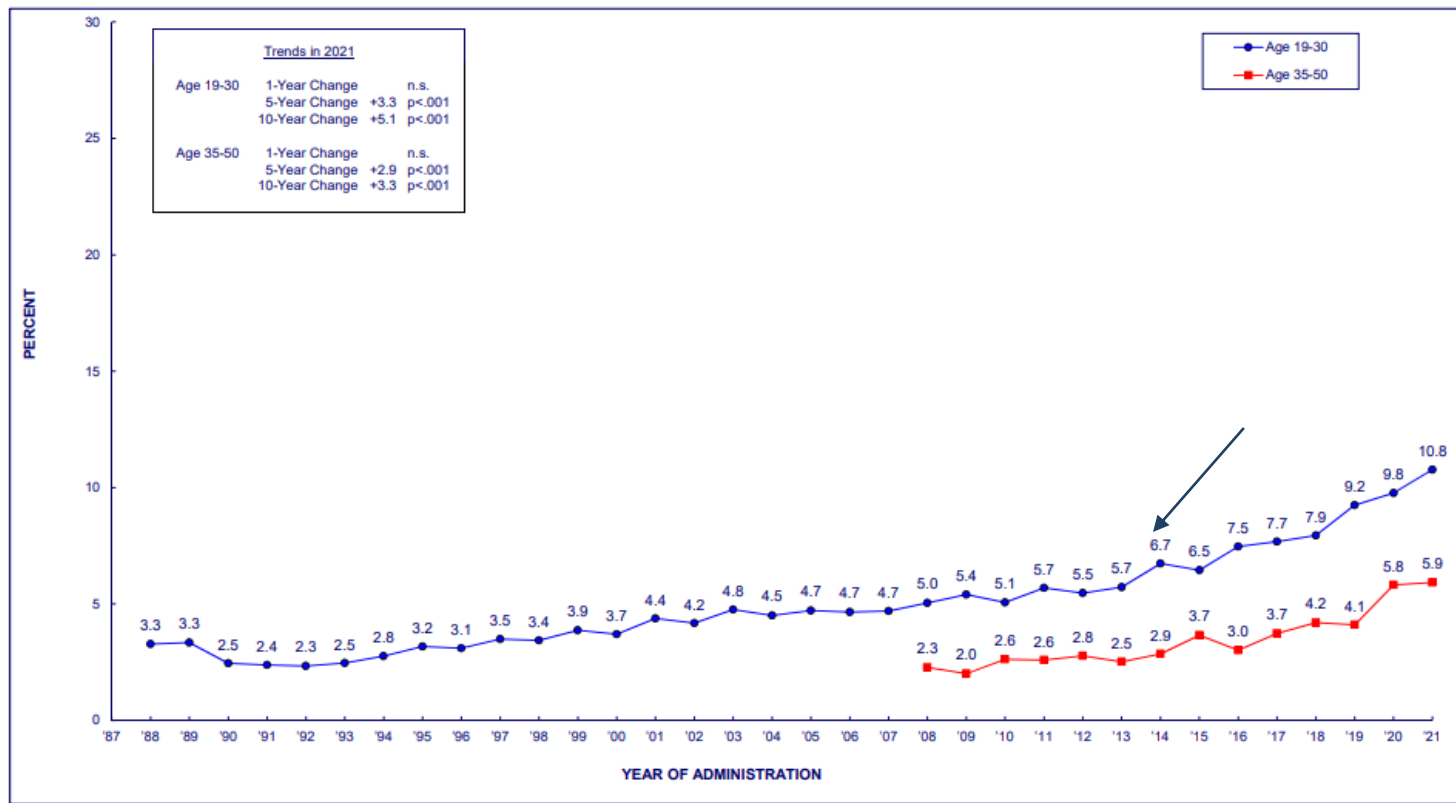
Figure 13. Past Year Illicit Drug Use or Past Year Marijuana Use: Among People Aged 12 or Older; 2023



Emerging Adults Disproportionately Evidence Harmful Substance Use

FIGURE 3
MARIJUANA

Trends in 30-Day Prevalence of Daily Use
among Respondents of Modal Ages 19 through 50, by Age Group



(Age-specific data provided in the following table.)



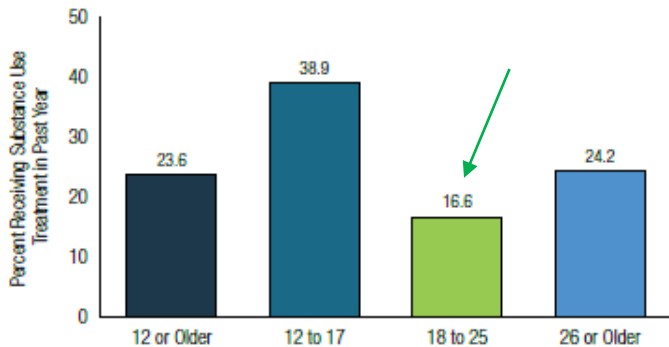
Emerging Adults Disproportionately Evidence Harmful Substance Use

DALY Risk Factors Worldwide

Ages 20-24

1 Alcohol use
2 Drug use
3 Iron deficiency
4 Unsafe sex
5 Unsafe water
6 Intimate partner violence
7 Occupational ergonomic
8 Unsafe sanitation
9 Low glomerular filtration
10 Occupational injury
11 High fasting plasma glucose
12 Childhood sexual abuse
13 Handwashing
14 High blood pressure
15 Occupational noise

Figure 53. Received Substance Use Treatment in the Past Year: Among People Aged 12 or Older Who Needed Substance Use Treatment in the Past Year; 2023

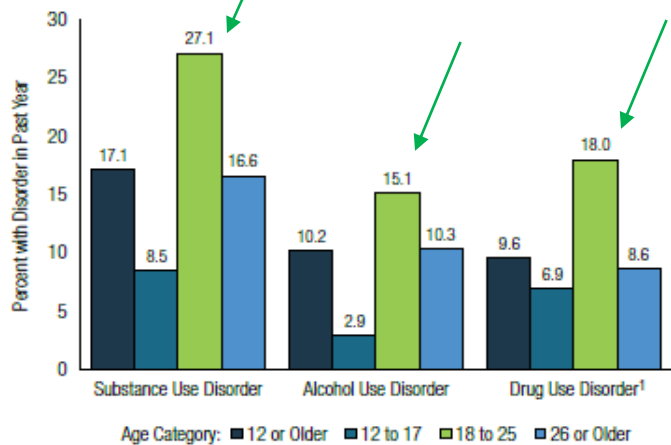


Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

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.

SAMHSA NSDUH

Figure 30. Substance Use Disorder, Alcohol Use Disorder, or Drug Use Disorder in the Past Year: Among People Aged 12 or Older; 2023



¹ Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

SAMHSA NSDUH



Entering Recovery as an Emerging Adult is Associated with Better Functioning

- ✧ National Recovery Study: Representative sample of US adults who resolved an alcohol or other drug problem
 - Young adult 18-30 vs. Middle/Older adult 31+
- ✧ Young adult recovery initiation 1.4 times greater likelihood of current employment (adjusted for age)
- ✧ Young adult recovery initiation greater current quality of life (adjusted for age, time since problem resolution, treatment history, etc.)
 - Even larger effects among those with 5 years or less

(Kelly, Greene, & Bergman, 2021)





Questions?

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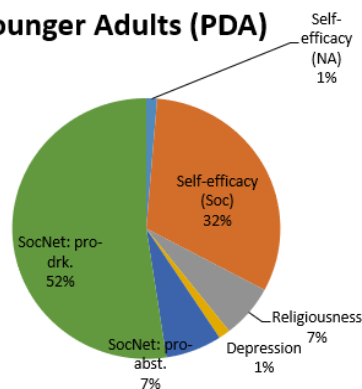


Adolescents vs. Emerging Adults vs. Adults 30+

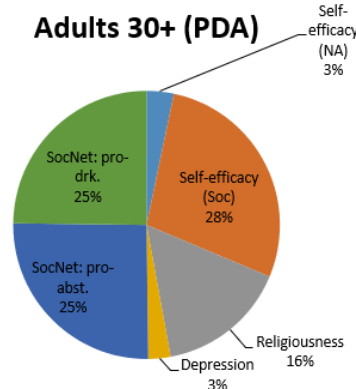


- ✧ Emerging adults are harder to engage in treatment – may have worse outcomes than adolescents and older adults (Bergman et al. 2016)
- ✧ They may benefit from SUD services in different ways

Younger Adults (PDA)



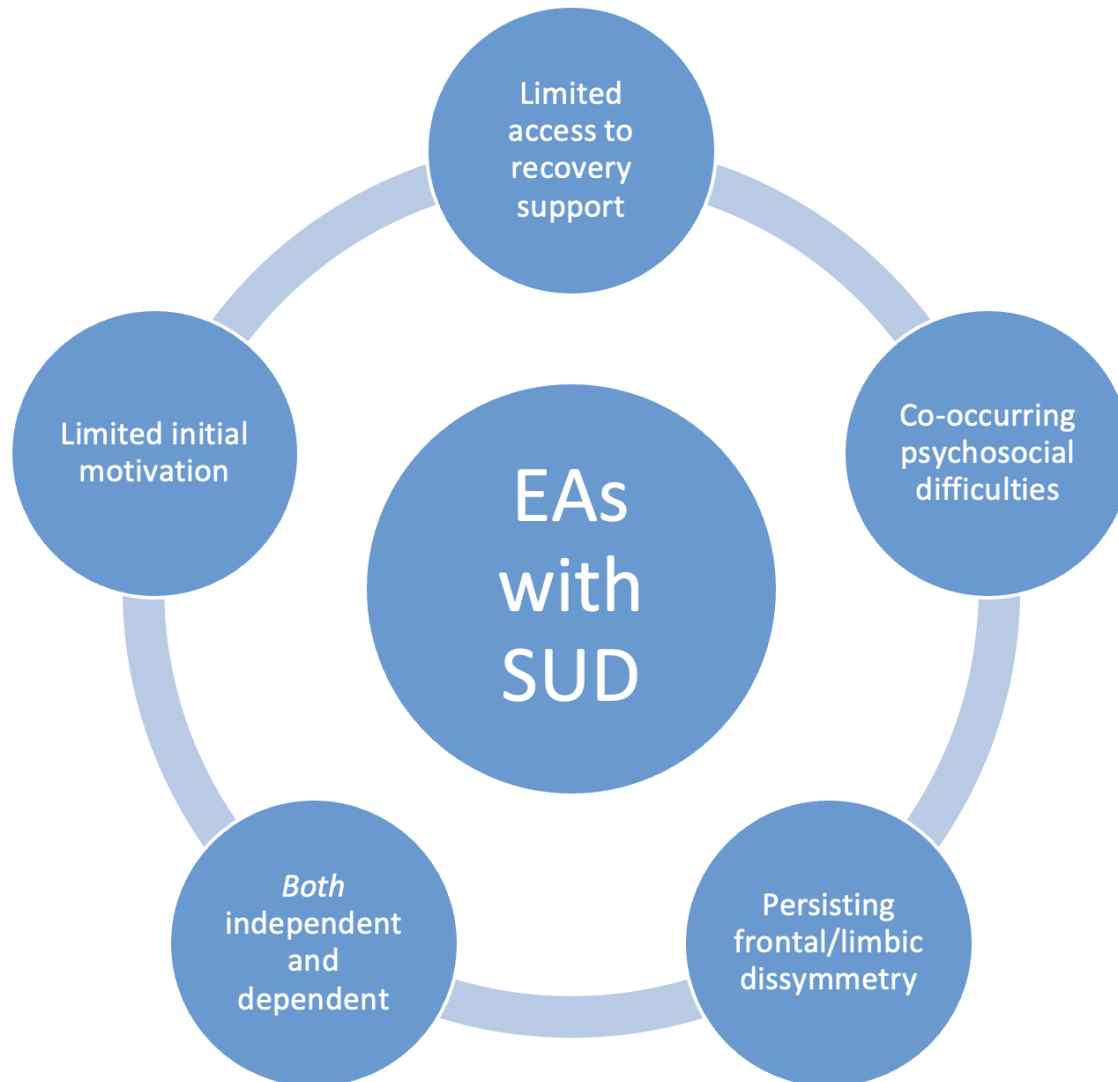
Adults 30+ (PDA)



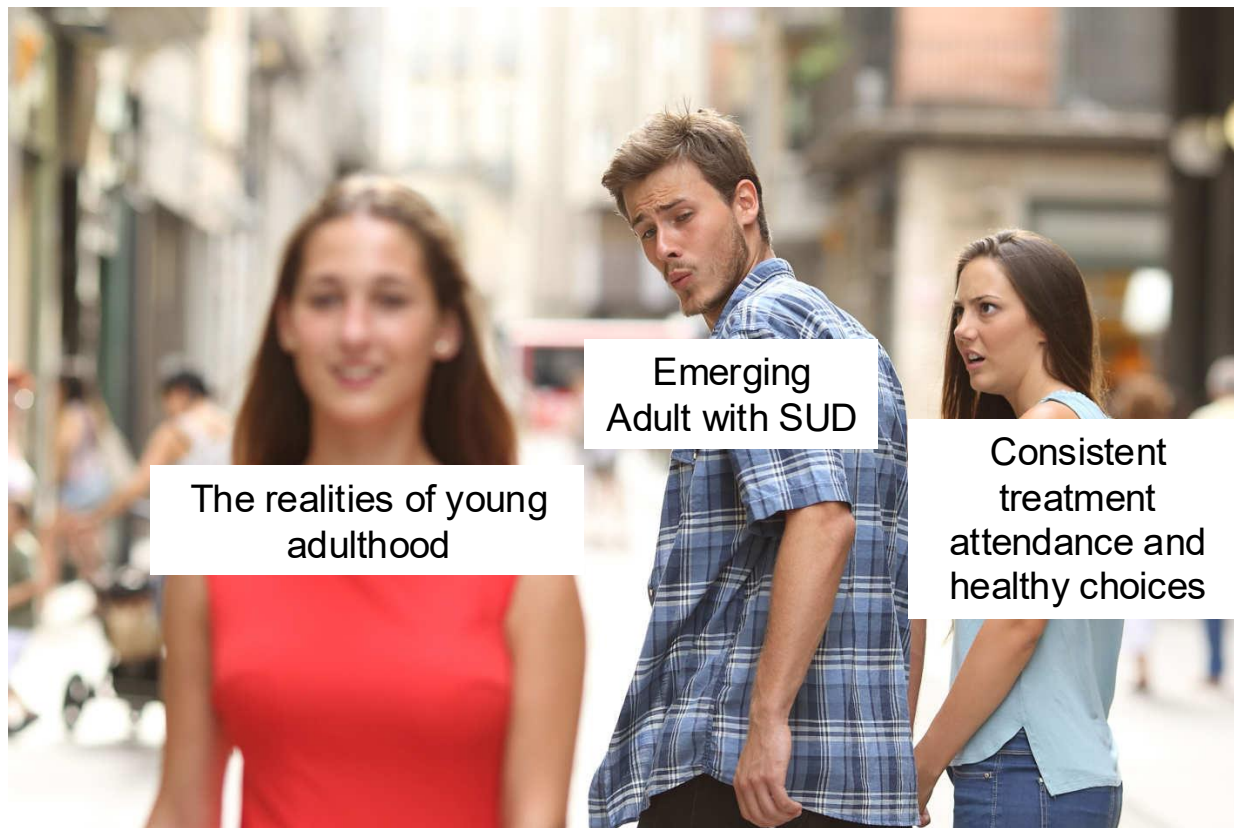
(Hoeppner, Hoeppner, & Kelly, 2014)



Emerging Adults are Clinically Challenging



Emerging Adults are Clinically Challenging





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Strategies

- ✧ Developmental Framework
- ✧ Patient-Centered Approach
- ✧ Developmentally-Tailored Communication
- ✧ Parent Involvement & Contingency Management
- ✧ Social Network Interventions



Developmental Framework

✧ Intimacy vs. Isolation (Established Adulthood)

AND

Identity vs. Role Confusion (Late Adolescence)

AND

Industry vs. Inferiority (Early Adolescence)

✧ Think of single treatment episode as part of longitudinal, dynamic recovery process



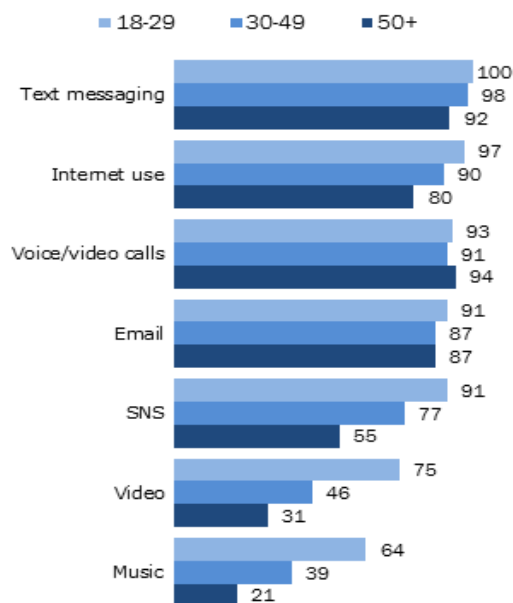
Patient-Centered Approach

- ✧ Engagement vs. Adherence
- ✧ Accommodating both harm reduction and abstinence goals



Communication

% of smartphone owners in each age group who used the following features on their phone at least once over the course of 14 surveys spanning a one-week period



Pew Research Center American Trends Panel experience sampling survey, November 10-16 2014.

Respondents were contacted twice a day over the course of one week (14 total surveys) and asked how they had used their phone in the preceding hour (besides completing the survey). Only those respondents who completed 10 or more surveys over the course of the study period are included in this analysis.

PEW RESEARCH CENTER

Use of Communication Devices Among Americans, by Age

% Who did this "a lot" the previous day

Sorted by % among 18- to 29-year-olds

	18 to 29	30 to 49	50 to 64	65+
	%	%	%	%
Send or read a text message	68	47	26	8
Make or receive a phone call using a cellphone	50	41	40	18
Send or read an email message	47	44	38	16
Post or read messages on Facebook, Instagram or some other social media site	38	20	17	6
Use Twitter, including posting or reading tweets	14	3	2	0
Make or receive a phone call using a business landline phone	13	19	15	8
Make or receive a phone call using a home landline phone	7	6	10	17

Sept 9-10, 2014

GALLUP®

Age		
18-29	87.7	40
30-49	27.0	10
50-64	11.4	3
65+	4.7	2

Mean/Median Texts per Day by Age (Pew, 2011)



Parent Involvement & Contingency Management

Reviews and Overviews

A Meta-Analytic Review of Psychosocial Interventions for Substance Use Disorders

Lissa Dutra, Ph.D.

Georgia Stathopoulou, M.A.

Shawnee L. Basden, M.A.

Teresa M. Leyro, B.A.

Mark B. Powers, Ph.D.

Michael W. Otto, Ph.D.

Objective: Despite significant advances in psychosocial treatments for substance use disorders, the relative success of these approaches has not been well documented. In this meta-analysis, the authors provide effect sizes for various types of psychosocial treatments, as well as abstinence and treatment-retention rates for cannabis, cocaine, opiate, and polysubstance abuse and dependence treatment trials.

Method: With a comprehensive series of literature searches, the authors identified a total of 34 well-controlled treatment conditions—five for cannabis, nine for cocaine, seven for opiate, and 13 for polysubstance users—representing the treatment of 2,340 patients. Psychosocial treatments evaluated included contingency management, relapse prevention, general cognitive behavior therapy, and treatments combining cognitive behavior therapy and contingency management.

Results: Overall, controlled trial data suggest that psychosocial treatments provide benefits reflecting a moderate effect size according to Cohen's standards. These interventions were most efficacious for cannabis use and least efficacious for polysubstance use. The strongest effect was found for contingency management interventions. Approximately one-third of participants across all psychosocial treatments dropped out before treatment completion compared to 44.6% for the control conditions.

Conclusions: Effect sizes for psychosocial treatments for illicit drugs ranged from the low-moderate to high-moderate range, depending on the substance disorder and treatment under study. Given the long-term social, emotional, and cognitive impairments associated with substance use disorders, these effect sizes are noteworthy and comparable to those for other efficacious treatments in psychiatry.

(*Am J Psychiatry* 2008; 165:179–187)

- Compared to individual therapies, treatments that integrated significant others were associated with even better substance use outcomes.
- The researchers estimated that this equated to a 6% reduction in substance use overall compared to individual therapy without significant other involvement, which translates into 2 fewer drinking days per month or 3 fewer drinking weeks per year.

<https://www.recoveryanswers.org/research-post/involve-family-in-treatment-enhance-substance-use-disorder-outcomes/>

(Arris & Fairbairn, 2020)



Contingency Management: In Brief

- ✧ Behavior: Measurable, Achievable, Desirable (The “Ables”)
 - Treatment engagement and substance use
- ✧ Reward/Consequence: Swift, Certain, Meaningful
- ✧ Types of Rewards: Car, Cash (or Cash Equivalents), Computer, Cell Phone (The “C”s)
 - *Meaningful = Meaningful to the young adult*



Social Network Interventions

✧ Interventions

- Adolescent Community Reinforcement Approach
- Integrated 12-step Facilitation
- Network Support

✧ Young-adult specific community resources

- Young adult AA/NA
- New-wave mutual-help (e.g., Dharma/Refuge)
- Collegiate recovery programs
- Recovery community organizations for young adults



The Power of Social Contagion

iTSE Group 6 Narcotics Anonymous In-House

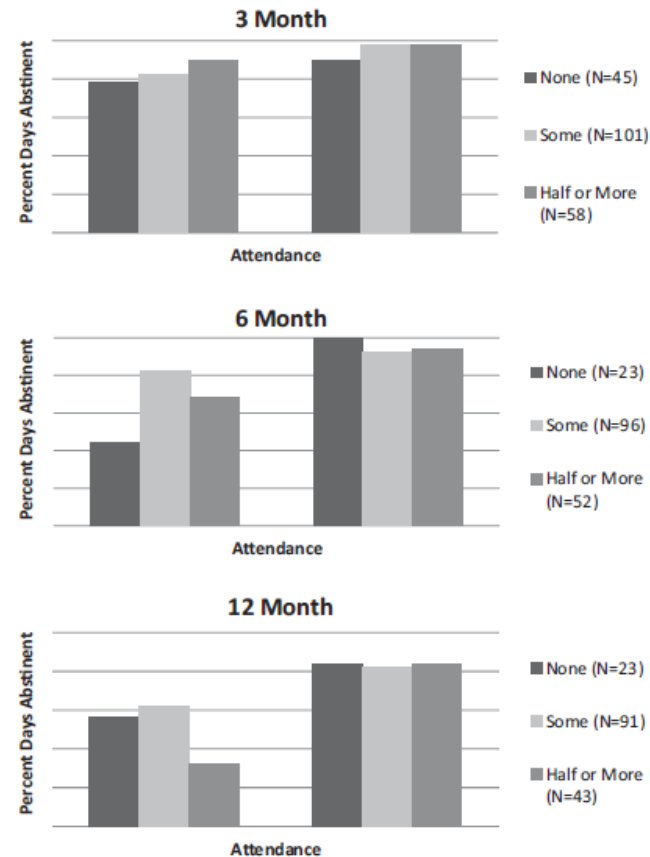
Preamble/ Check-in	1. Ask a group member to read preamble 2. Ask new group members to introduce themselves 3. Ask group members to state their treatment goals 4. Ask group members to state whether they met their treatment goals and sober activity goals in the past week; distribute tokens for meeting attendance; review saliva test results for those who provided a sample last week 5. Ask a group member to share personal story	4:00 – 4:20 (20 min)
Narcotics Anonymous In-House	1. Prepare group members for NA speakers 2. Brief introductions by NA speakers 3. Personal stories by NA speakers 4. What to expect at NA 5. Q&A Session – list of questions for NA speakers	4:20 – 4:40 (35 min)
Debrief	1. Process group members' reactions to NA speakers	4:40 – 4:45 (5 min)
Termination (if applicable)	1. Therapist's feedback to group members 2. Feedback between group members 3. Group feedback to the therapist 4. Certificates 5. Provide referral list 6. Goodbye	5:00-5:10 (10 min)
Sober Activity Plan/ Postamble	1. Ask a group member to explain why we complete this form each week. 2. Help group members make a plan to attend an NA meeting within the next week. 3. Complete <i>Sober Activity Plan</i> with group members. 4. Have a group member read postamble.	5:10-5:30 (20 min)

Materials:

Group preamble
Group postamble
Writing materials for each group member
Tokens

Points for Personal Story Sharing
List of questions for NA members
Sober Activity Plans

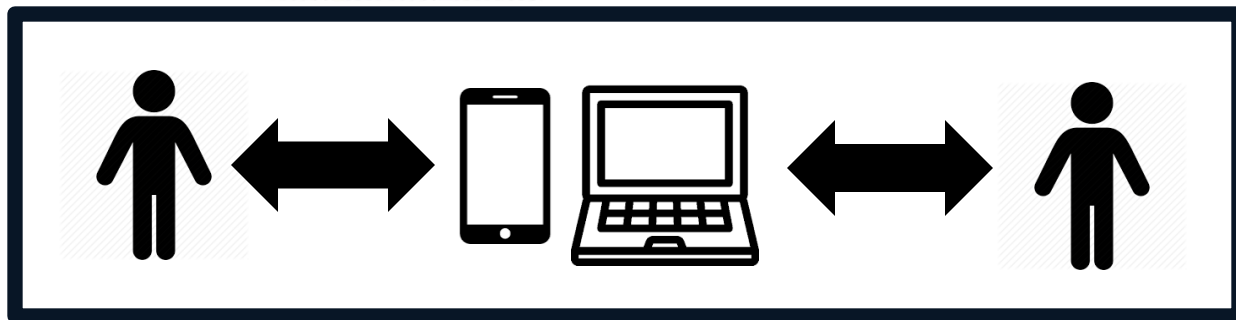
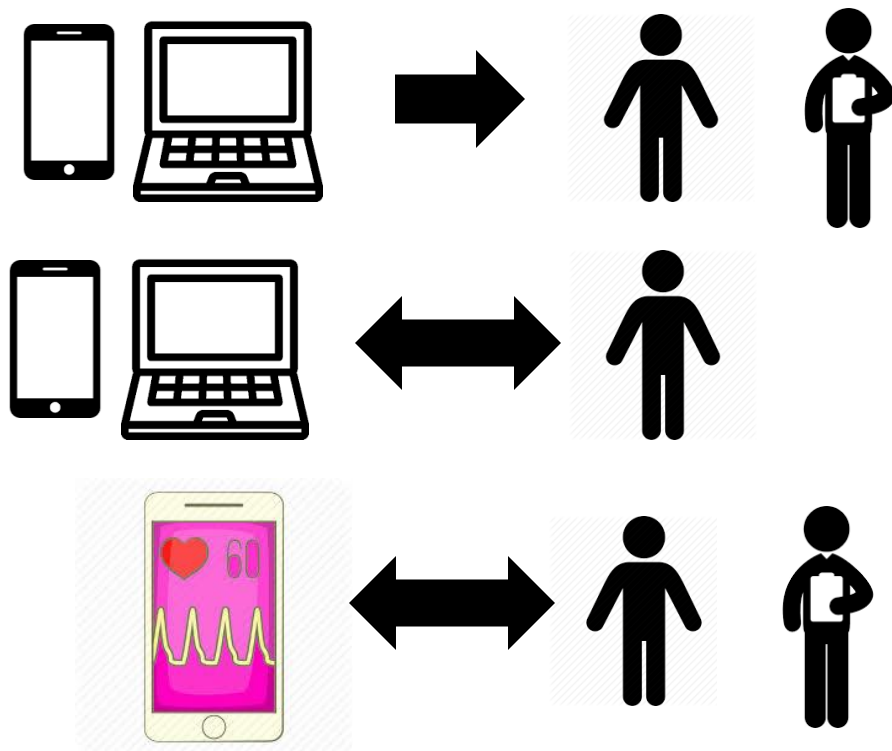
(Kelly et al. 2016)



(Labbe et al. 2013)



Ways to Leverage Technology in SUD Treatment/Recovery



Building on Social Norms/Identity and Mutual-Help Research

- ✧ Socially-derived MOBCs may be mobilized online too
 - Recovery role models (sponsors; Tonigan & Rice, 2010; Zemore et al. 2013; Kelly et al. 2016)
 - Social network changes (Kelly et al. 2012; Stout et al. 2012)
 - Enhanced (AA) friendship quality (Humphreys & Noke, 1996)
 - AA-specific social support (Kaskutas et al. 2002)
- ✧ College student exposure to pro-alcohol content on SNSs predicts subsequent drinking increases (Labrie, Boyle)
- ✧ Social identity theories of health behavior change



Potential Drawbacks

- ✧ Attendance vs. Active Involvement
- ✧ Peer-to-Peer Social Connection on Digital Services
 - Reduced group alliance in tele- vs. in-person therapy
 - Non-verbal cues in communication
 - Increased immediacy → “Zoom fatigue”?
 - More effort and resources needed for rapport building?
- ✧ Privacy
- ✧ Digital Divide



Summary

- ✧ Emerging adults are disproportionately represented in SUD treatment and recovery support settings
- ✧ They benefit from earlier intervention but can pose unique challenges
- ✧ Innovative, developmentally sensitive strategies can help address these challenges
- ✧ Attending to social network changes – in ways consistent with their digitally-immersed day-to-day lives – may be especially helpful



Questions and Comments

- ✧ e.g., What challenges have you experienced working with emerging adults?
- ✧ e.g., What strategies do you use to address these challenges?
- ✧ e.g., What do you find rewarding about working with emerging adults?





Contact
Brandon Bergman
bgbergman@mgh.harvard.edu

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