CONSIDERATIONS FOR ADDRESSING SUBSTANCE USE DISORDER IN EMERGING ADULTS

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• I am the co-owner of Arena (https://arenaebp.com/), which provides web-based training and quality assurance for Contingency Management for emerging adults. I also am the co-owner of Science to Practice Group, LLC, which provides the training and quality assurance for Multisystemic Therapy for Emerging Adults (MST-EA). There is a management plan in place to ensure these conflicts do not jeopardize the objectivity of research.

*All content is solely the responsibility of the investigators/presenter and does not necessarily represent the official views of the NIH.
Question

What do you think of when you think of “emerging adults?”
Emerging Adulthood as a unique stage

Emerging Adults (EAs) are a priority population

The system chasm for EAs

Implications for treatment of EAs

Recovery capital in EAs

Community-Based Participatory Research with EAs
Functional Abilities Increase with Psychosocial Development

Contribute to/head household
Become financially self-supporting
Complete schooling & training
Develop a social network
Be a good citizen
Obtain/maintain rewarding work
Mental Illness Onset Age Curve

64 per cent have onset of common mental health conditions by age 21
Suicidality Prevalence
Co-Occurring Disorders
Peak Age of Antisocial Activity
Disparities in Incarceration

Black and Native American youth were far more likely to be confined than other youth. Black youth in 2019 were more than 16 times as likely to be in custody as their Asian and Pacific Islander peers, four times as likely as white peers and three times as likely as Hispanic peers. Compared to white youth, the disparity in 2019 was the same as it was in 1997. Compared to Asian and Pacific Islander and Hispanic youth, the respective disparities grew significantly, but fell compared to Native American youth.

YOUTH CONFINEMENT RATE IN 2019 per 100,000 youth

- Black: 315
- Native American: 236 (3x)
- Hispanic: 92 (4x)
- Non-Hispanic White: 72
- Asian and Pacific Islander: 19 (16x)
Rates of Violent Victimization

Estimated Non-sexual assault rates (per 100,000)
Homicide Victimization
Top mortality rates (per 100,000)
Developmental Considerations

- Sexual Development & Establishment of Romantic Relationships
- Family Role Changes
- Identity Formation
Social Network

Living Situations:

- On their own
- With family or friends
- In foster care
- In supportive housing
- In community-based group homes
- Couch-surfing
- Unhoused
- They also can have children of their own
Typical Cognitive Development

- Cognitive abilities change even to age 30
- Anticipation of consequences
- Complex strategic planning
- Behavior control towards emotional stimuli
- Cognitive control over distracting stimuli
Transition Challenges

**CHILD SYSTEM**
- Education
- Child Welfare
- Juvenile Justice
- Child Mental Health
- Medicaid

**ADULT SYSTEM**
- Criminal Justice
- Adult Mental Health
- Medicaid
- Housing
- Vocational Rehabilitation
- Substance Abuse

Birth ➔ AGE ➔ 18-21 Yrs. ➔ Death
Proportion of Age Group in Treatment Attendance Patterns

- Rapid Desisters: 42.4% Emerging Adults, 37.7% Mature Adults
- Slower Desisters: 27.3% Emerging Adults, 16.2% Mature Adults
- Persisters: 30.2% Emerging Adults, 46.1% Mature Adults
Treating Emerging Adults

There are many implications for designing treatments for high-risk emerging adults.

- Complex set of targets
- Complex family/social network arrangements
- Address engagement and retention into treatment
- Development considerations
Treatment Targets

- Substance use problems
- Mental health symptoms
- Trauma
- Antisocial behaviors
- Interpersonal conflict
- Relationship skills
- Prosocial peers
- Social network supports
- Safety
- Housing & independent living
- Career goals (both educational/vocational)
- Medical/psychiatric care
- Parenting
Recovery Capital in Emerging Adults

Recovery capital is the internal and external resources that can be mobilized to promote or sustain SU recovery.

- **Tangible capital** (money, property, insurance, housing, basic needs met)
- **Personal characteristics capital** (skills/education, mental/physical health, coping)
- **Social capital** (access to and engagement with sober activities/family/supports)
- **Perceived community capital** (awareness of resources or stigma, culturally appropriate supports, community involvement)
Nearly all research on recovery capital is focused on more mature adults. Recovery capital is much lower for EAs compared to older adults. The lack of recovery-focused peer social support is a major barrier to recovery. There are currently no recovery capital assessments developed and validated for EAs.
What are the most critical elements in someone’s social network that promote positive outcomes (e.g., social support, practical skill building, modeling), and how can these be leveraged in recovery support services?

What are the challenges that emerging adults face in creating a positive social network that supports recovery?

What is the best way recovery support services can provide education to parents about being supportive of their emerging adult experiencing substance use issues and taking a strengths-based approach?

Disclosing recovery or substance use treatment is often stigmatized among emerging adults in social settings. What strategies can help reduce this stigma?
<table>
<thead>
<tr>
<th>1</th>
<th>What culturally relevant triggers for substance use exist for underserved communities and intersecting identities (e.g., Black &amp; sexual or gendered difference)? How can recovery support services address these triggers?</th>
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<td>2</td>
<td>What strategies increase access to recovery support services for underserved groups (e.g., LGBTQIA+ community, people of color, low-income individuals)? Where, if at all, are these groups getting services? Are providers engaging these populations? What are effective strategies to engage these groups?</td>
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<td>3</td>
<td>How can recovery programs take into account all facets of individuals’ identities, given that intersectionality affects how people experience these support services and barriers?</td>
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<td>4</td>
<td>What strategies can increase representation of people of color within recovery housing? How can recovery housing be more welcoming for people of color?</td>
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<td>5</td>
<td>What drives the lack of recovery housing specifically for women, especially housing run by women?</td>
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What fosters resilience along the recovery journey and what role do recovery support services play? And especially how does this apply to emerging adults?

What helps emerging adults come back from a reoccurrence of use, especially if they have limited resources?
How can holistic approaches to recovery support services, which encompass physical, emotional, social, and spiritual wellbeing, best include mental health needs?

Does effectiveness of service combinations or sequencing vary between different groups, such as emerging adults, people of color, and individuals with a history of trauma?

What are the barriers to accessing quality combined mental health and substance use services and how can these be overcome using recovery support services?

How does discrimination within healthcare contribute to disparities in emerging adult knowledge about mental health and access to treatment within communities of color? How can this be reduced using recovery support services?
LESSONS LEARNED:
Recruitment

- Recruitment challenges
- Changing the language in recruitment materials
- Higher turnover than expected
LESSONS LEARNED:
Building Trust & Collaboration

Guided meditations & more

“Camera off” culture

Privacy & confidentiality
LESSONS LEARNED:
Logistics

Communication challenges

Co-facilitator stipends
CONNECT WITH THE JEAP INITIATIVE

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Finding the Right 12-Step Meeting for Young Adults

Early recovery can be a time of discomfort, so finding a 12-step meeting that you feel comfortable in is important. Though fellowships like Alcoholics Anonymous have been around for several decades, people at meetings tend to be older, male, and white, making it difficult for people from other backgrounds to feel at home. This tipsheet provides information to help you find the right 12-step meeting, if that is a path you wish to pursue.

Try several different meetings

The different types of programs (like AA or NA) have different types of meetings (like open, closed, women, LGBTQIA+, etc.) and usually many individual groups. This means you have lots of meetings to choose from if you don’t find a good fit right away. Meetings are full of individuals who have their own points of view. Some people might be negative or not accepting. If you encounter something like this, please remember there are plenty more meetings! Also, 12-step fellowships are not the only option out there. If none of these feel right to you, try other options like SMART Recovery.

Keep in mind group conventions

Many in 12-step meetings have long-held views about issues like whether people use medication and how people introduce themselves. So, if you are going to an AA meeting, you may find some resistance introducing yourself as an “addict” or talking about drugs. These views do not represent all people in 12-step recovery! Most people in meetings want to make it as welcoming and comfortable as possible. Look for these people and they can help you.

Consider your location

Places with a larger population have many more meetings of all different types – places with a smaller population tend to have mainly AA meetings and possibly a few NA meetings. Since the COVID-19 pandemic began in 2020, many meetings have gone online using platforms like Zoom. These online meetings can be especially helpful if you can’t find the right fit in your location (like if you live in a place with only a few meetings).

Find a specific fellowship

Many areas have meetings for young people, men, women, LGBTQIA+, and others. Most meeting schedules will provide this information. Some programs also hold larger gatherings (sometimes called conferences) focused on specific groups in their fellowship. AA, for example, holds the International Conference of Young People in AA every year, as well as many regional and state conferences.

Match your needs

If your main concern is alcohol, then AA might be the right choice. If drugs are an issue, then Narcotics Anonymous or Cocaine Anonymous might be best. This is not to say you have to find a perfect match. Most people have a variety of issues, so may not fit exactly into one fellowship. Keep in mind alternatives like SMART Recovery as well, if none of these work for you.

Remember to speak up

People in recovery want to hear from you. When you go to meetings, introduce yourself and let them know you are new. Your best resource will be others traveling the same journey. The chances are you will find people who have been through similar experiences and want to help. Keep in mind that all of them were new at one point, so they have gone through what you are experiencing. The basic format for all 12-step meetings starts with people sharing their experience. Keep in mind, though, that this type of sharing can bring up traumatic memories. If this vulnerability might be an issue for you, it may be wise to discuss the issue with a trusted advisor or counselor.

Additional resources

Alcoholics Anonymous (AA)
- In-Person meetings: aa.org/find-aa
- Virtual meetings: aa-recovery.org/meetings

Narcotics Anonymous (NA)
- In-Person meetings: na.org/meetingsearch/
- Virtual meetings: virtual-na.org

It is helpful to download a 12-step app, such as Meeting Guide or NA Meeting Search.

If you have additional ideas or feedback, please send us a message through our website: JEAPinitiative.org
Concrete Ideas to Try

**FOCUS ON:**

- The Emerging Adult’s values
- The Emerging Adult’s “Family of Choice”
- Expert Motivational Interviewing skills
- Making therapy not “feel” like therapy
- Partnering with peer recovery supports who “get it”
THANK YOU!

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