

# Building Adolescent and Family Recovery Capital Through Community Supports

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# Overview of Presentation

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- 01. Youth Recovery
- 02. Recovery Capital
- 03. Community Settings to Build Recovery Capital
- 04. Recovery Social Influence
- 05. Summary

# Disclosures

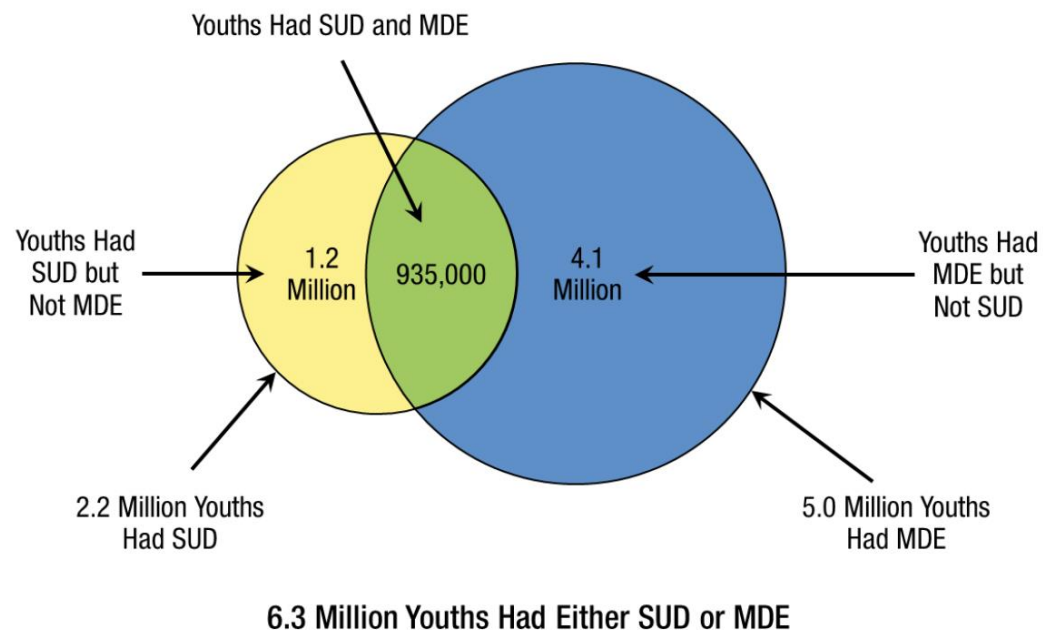
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# Youth Substance Use Disorder and Mental Health (2021)



- 2.4 million have misused opioids at least once
- ~380,000 meet diagnostic criteria for OUD
- 1,800 initiate pain reliever or heroin misuse a day



# Development and Substance Use

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Biological, physical, and neurological development, ego and identity development

→ changes in self-regulation skills, social needs, and skills

- Heightened vulnerability: experimentation with and habitual use of substances
- Increased likelihood of impulsive behaviors, risk taking, drug and reward seeking
- Biological sensitivity to substances and toxic effects on the developing brain



# Social and Identity Changes

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Seeking and gaining independence

- Adolescents look outside the family for support
- Emerging adults move out/away from family
- Rely more on peer social networks for support and approval
- Perception of others' use of substances or views of substance use
- Peer networks may reward more risky decisions

# Developmental Influences on Recovery Prognosis

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- Tend to use multiple substances or broader array
- May experience serious problems but not meet diagnostic criteria
- More likely to return to use due social pressure



# Treatment barriers and gaps

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- Acute intervention is (1) not always successful and (2) not enough to prevent return to use
- Difficult recovery for youth with comorbid illnesses and justice involvement
  - ~20-60% of youth experience comorbid conditions
  - ~44% of youth with high substance use have justice system experience





# Recovery Capital

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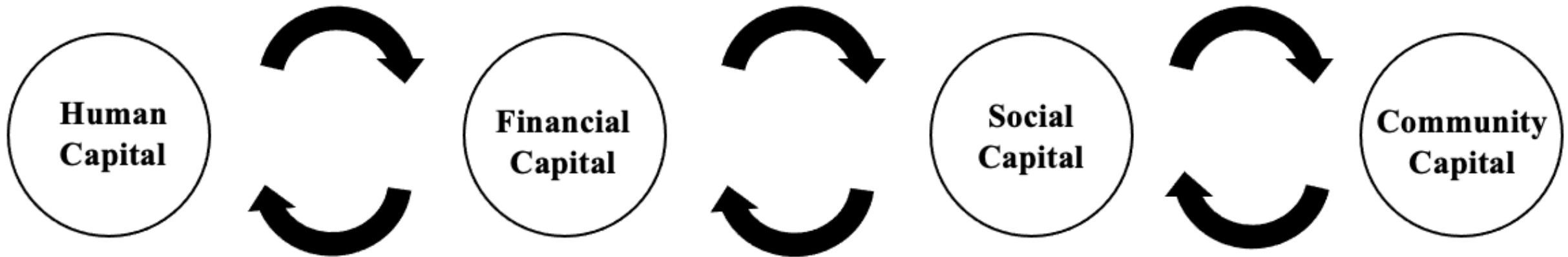
# Recovery Capital

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- Total resources to overcome substance dependency
- Multiple ecological levels and life domains
- Individuals with some resources are likely to generate more
- Changes over time

# Recovery Capital for Adolescents Model

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Emphasize youth **resilience** and **unique developmental aspects** within their **broader context**

# Human Recovery Capital

- Self-confidence
- Motivation
- Mental health
- Physical health
- Cognitive health
- Spiritual beliefs
- School grades





# Financial Recovery Capital



- Safe home environment
- Employment status of caregiver
- Access to treatment through health insurance
- Transportation



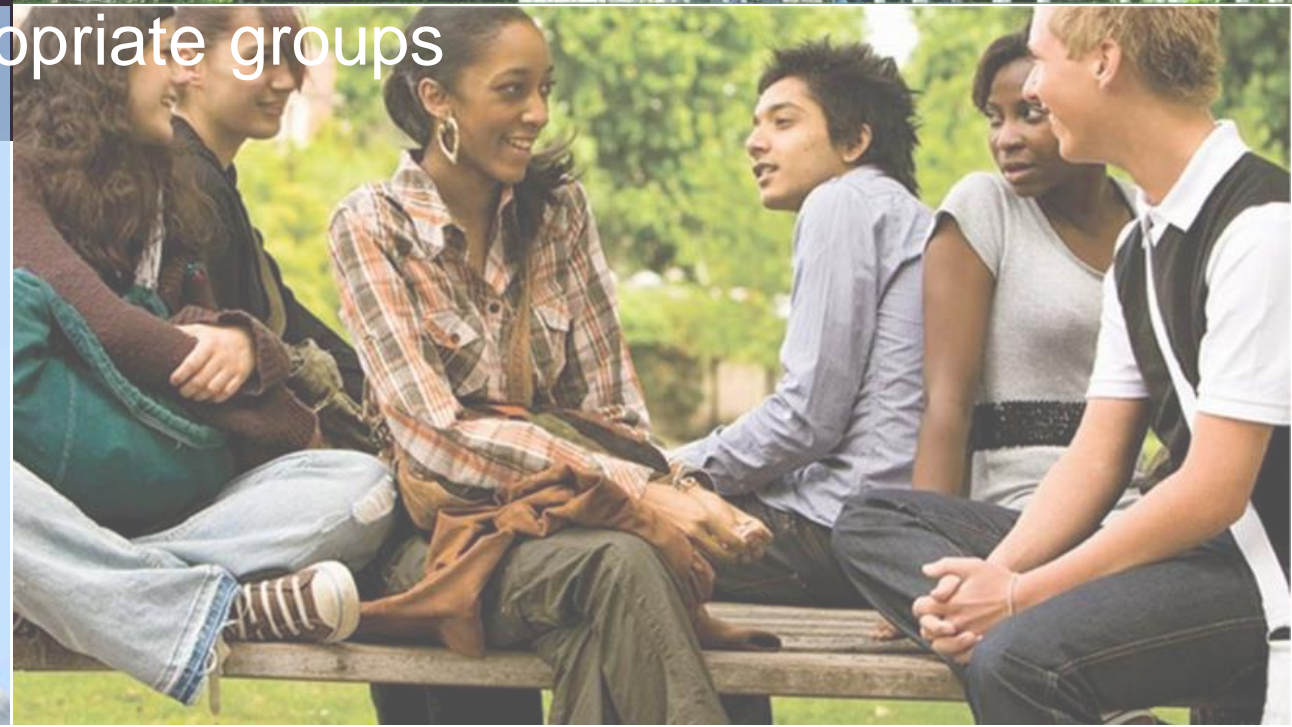
# Social Recovery Capital



- Sober & supportive friends
- Supportive/ structured family
- Sober home environment



- Developmentally-appropriate groups





# Community Recovery Capital

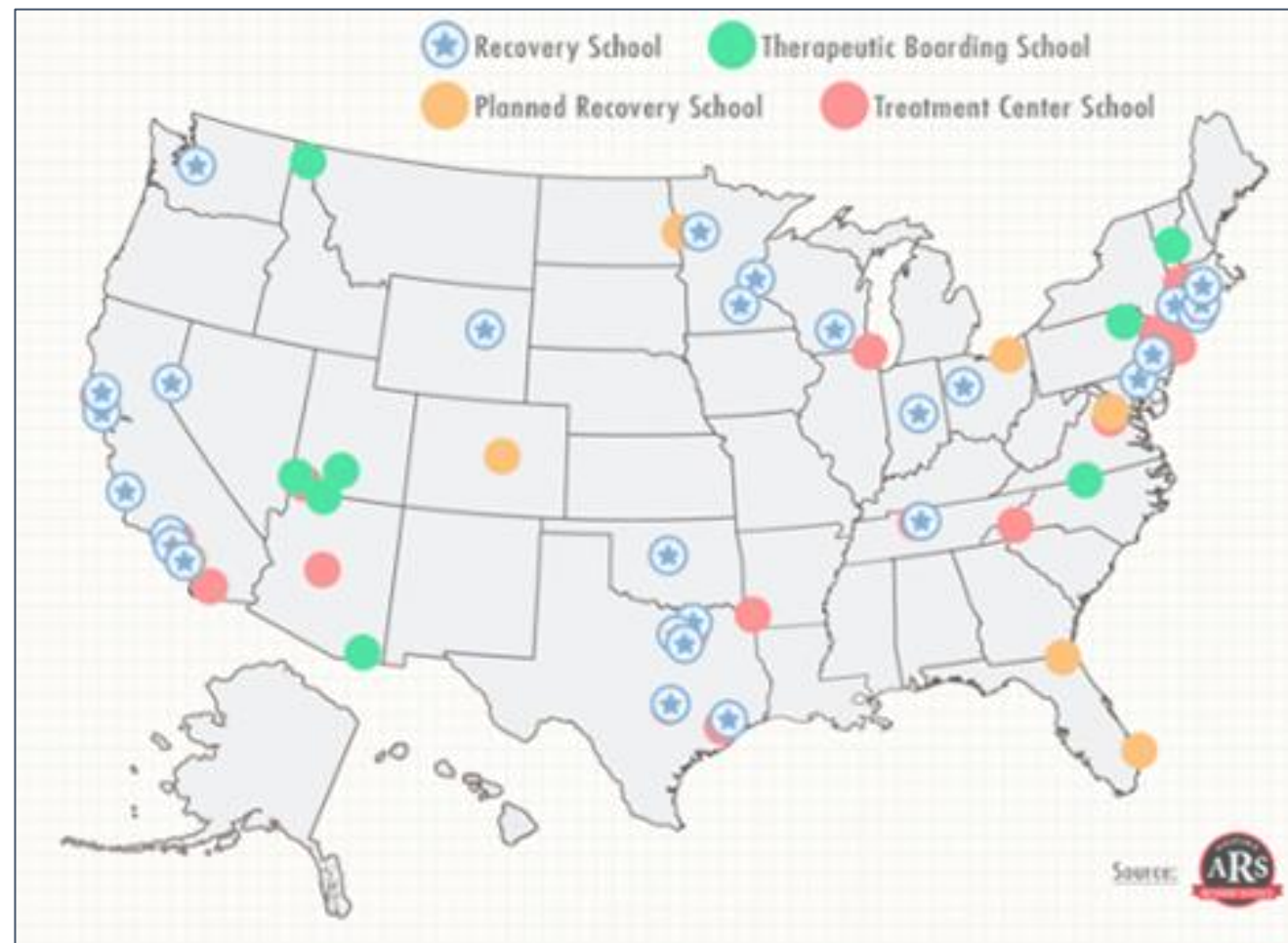
## Programs

- Recovery sponsor
- Alternative peer groups
- Young persons meetings
- Recovery high school
- Collegiate recovery community



## Culture

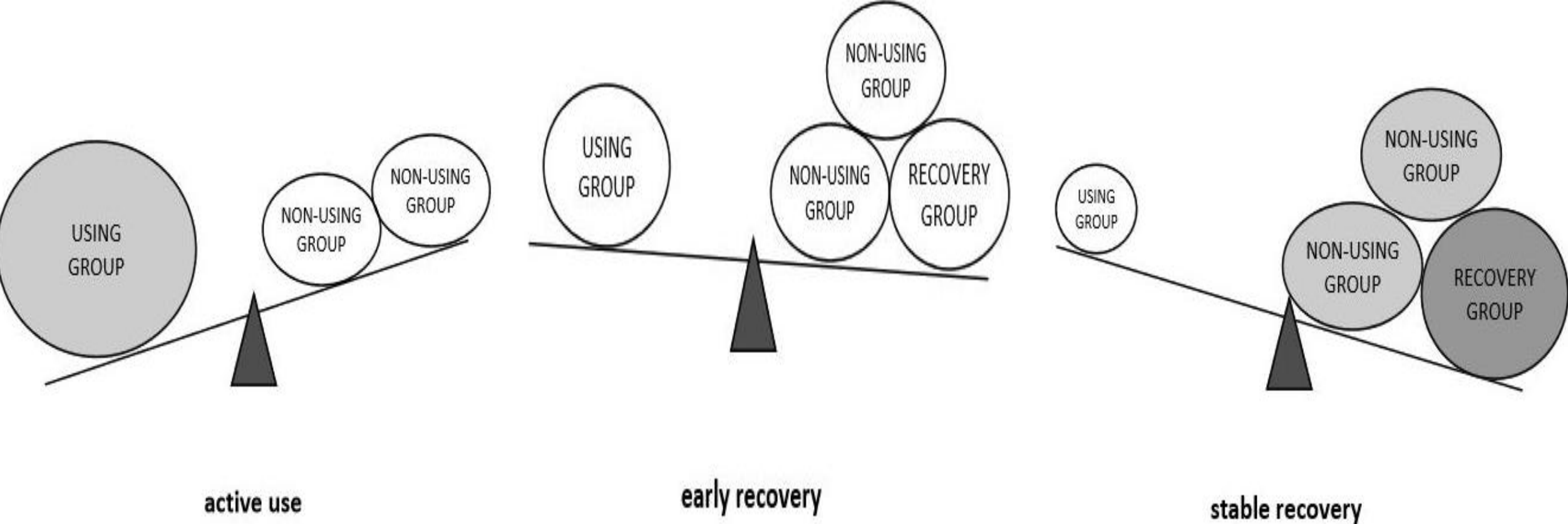
- Recovery identity
- Perceptions of peer use



RECOVERY CAPITAL



BARRIERS TO RECOVERY



SOCIAL NETWORK CHANGE THROUGHOUT RECOVERY





# Community Settings to Build Youth Recovery Capital

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**Association  
of  
Alternative  
Peer Groups**



# Alternative Peer Groups



The Association of Alternative Peer Groups

## Establish new social networks

- Teach youth to have fun without using substances
- Value and model recovery

## Group norms

- Enthusiastic recovery
- Unconditional acceptance
- Authenticity
- Accountability
- Personal responsibility/integrity

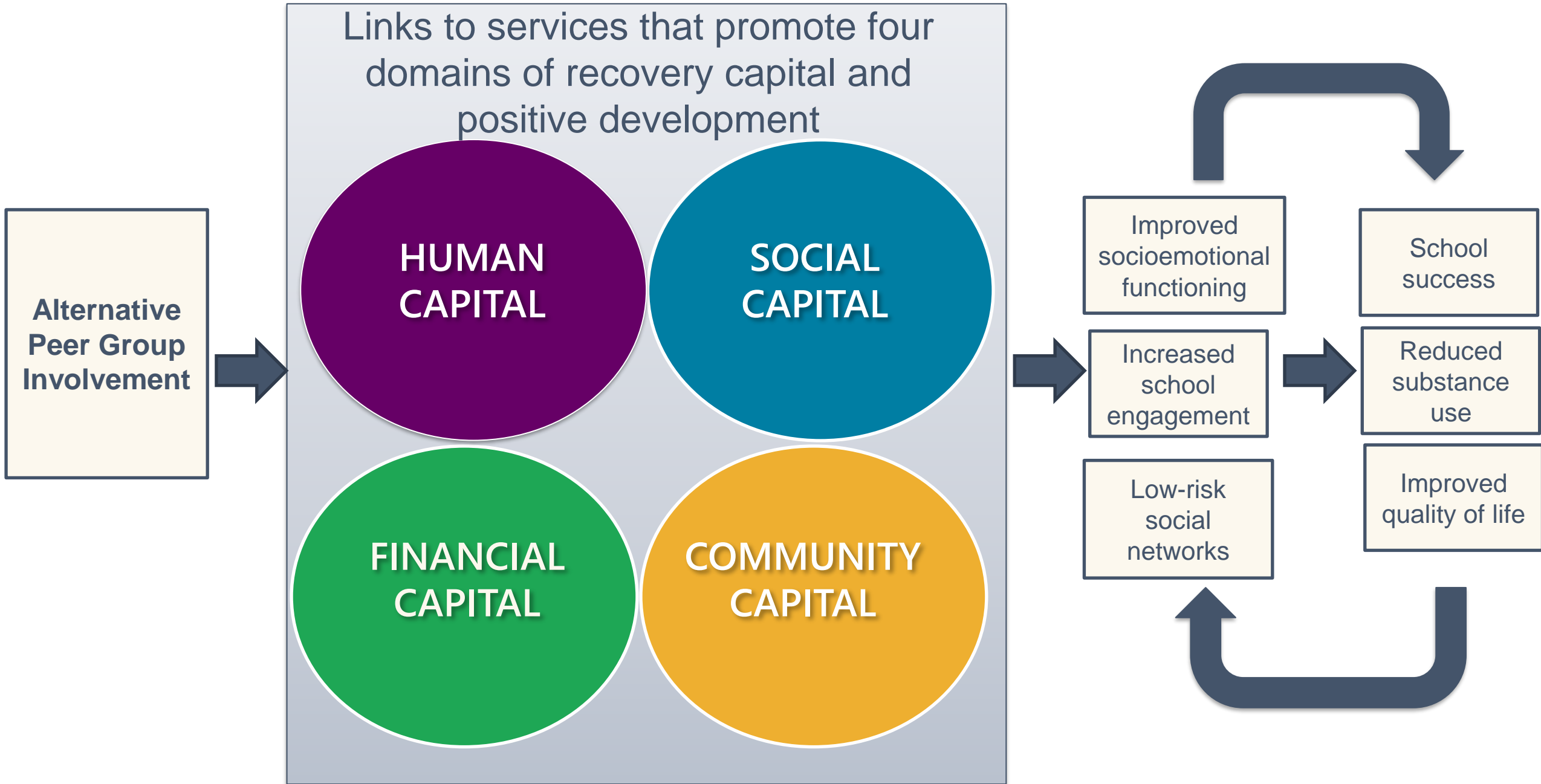
# Evidence for APG as Recovery Support

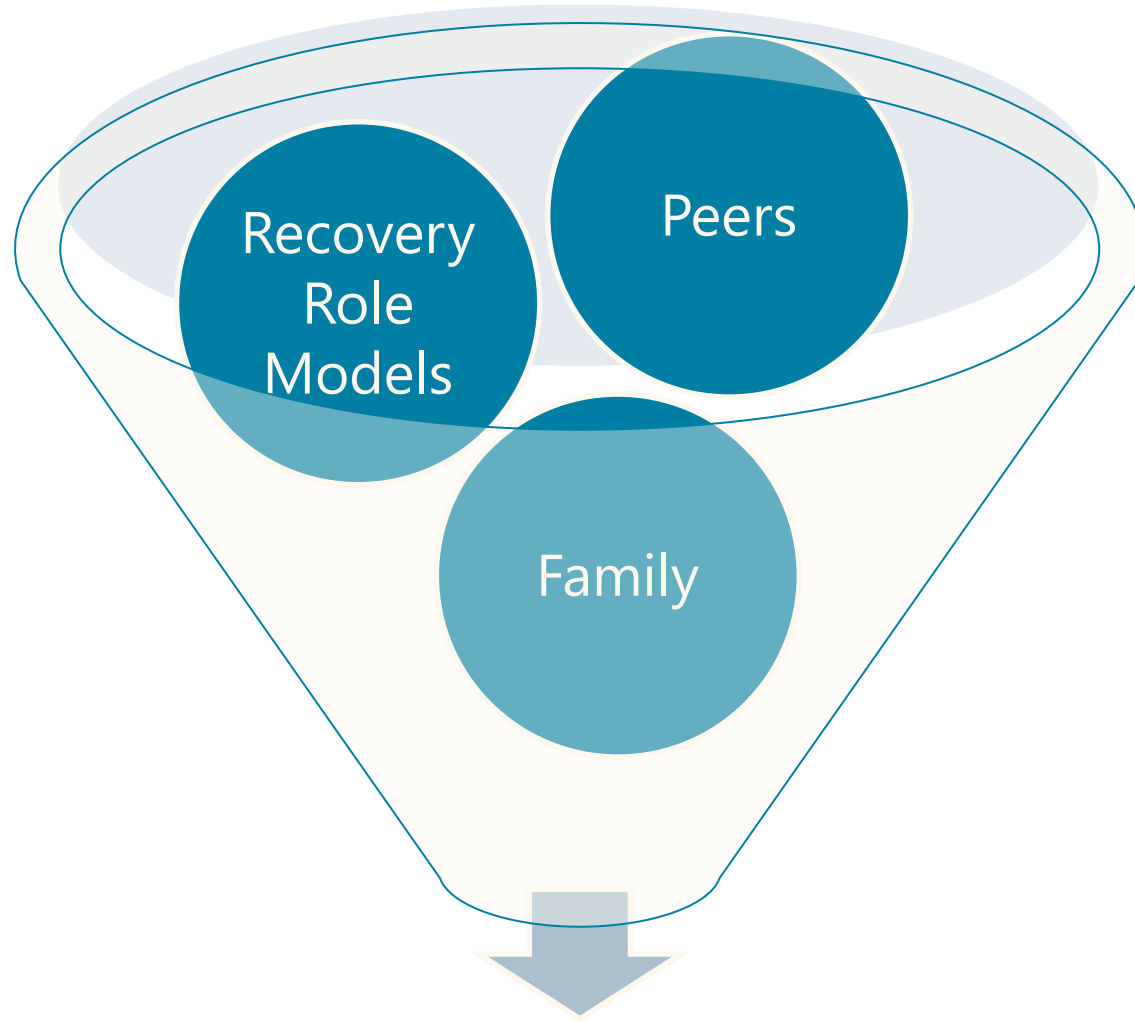
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Still growing...

- Ethnographic and qualitative research suggests
  1. APGs provide developmentally-appropriate services
  2. APGs are viewed as valuable by youth and their families
  3. APGs support a process of change





Recovery Social Influences



# Peers: Dual Influence

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*"My best friends are a **good recovery support**, but they're also... it's complicated, because they understand, and they want to help, but it's like I can't tell them don't drink just because I don't drink, right, and **they're always going to let me drink with them.**" (Female, 17 yrs)*



# Peers: Resource

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*"It's really hard for like kids my age to like get sober and **no one else is sober** or even tried to get sober. So it's really nice to have that aspect of like **relatability**, and also the **accountability that you get...But not just by the staff**, but like **peer accountability**." (Male, 18 yrs)*



# Peers: Connection with others who understand

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*"I guess I really started relating to drug addicts more was when I started talking about it, because, like, my girlfriend passed away, she OD'd nine months ago, and, like, I started talking about it, and, like, **it was only drug addicts who really understood**, like, Oh my god, like, **she had a problem**. And like other people I explain it to sometimes and they'll be like **oh that's her fault**, like, she's the one that did it..." (Male, 19 yrs)*





# Recovery Sponsors and Role Models

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- Model recovery behaviors
- Understand the nature of addiction
- Support the youth in their recovery process
- Connection to larger recovery community

*"I was going to AA meetings like three or four times a week too with my sponsor. And that like helped me build a **really strong foundation**. And I also like—I started opening up to my RHS more. And I **got a lot of support** there." (Male)*

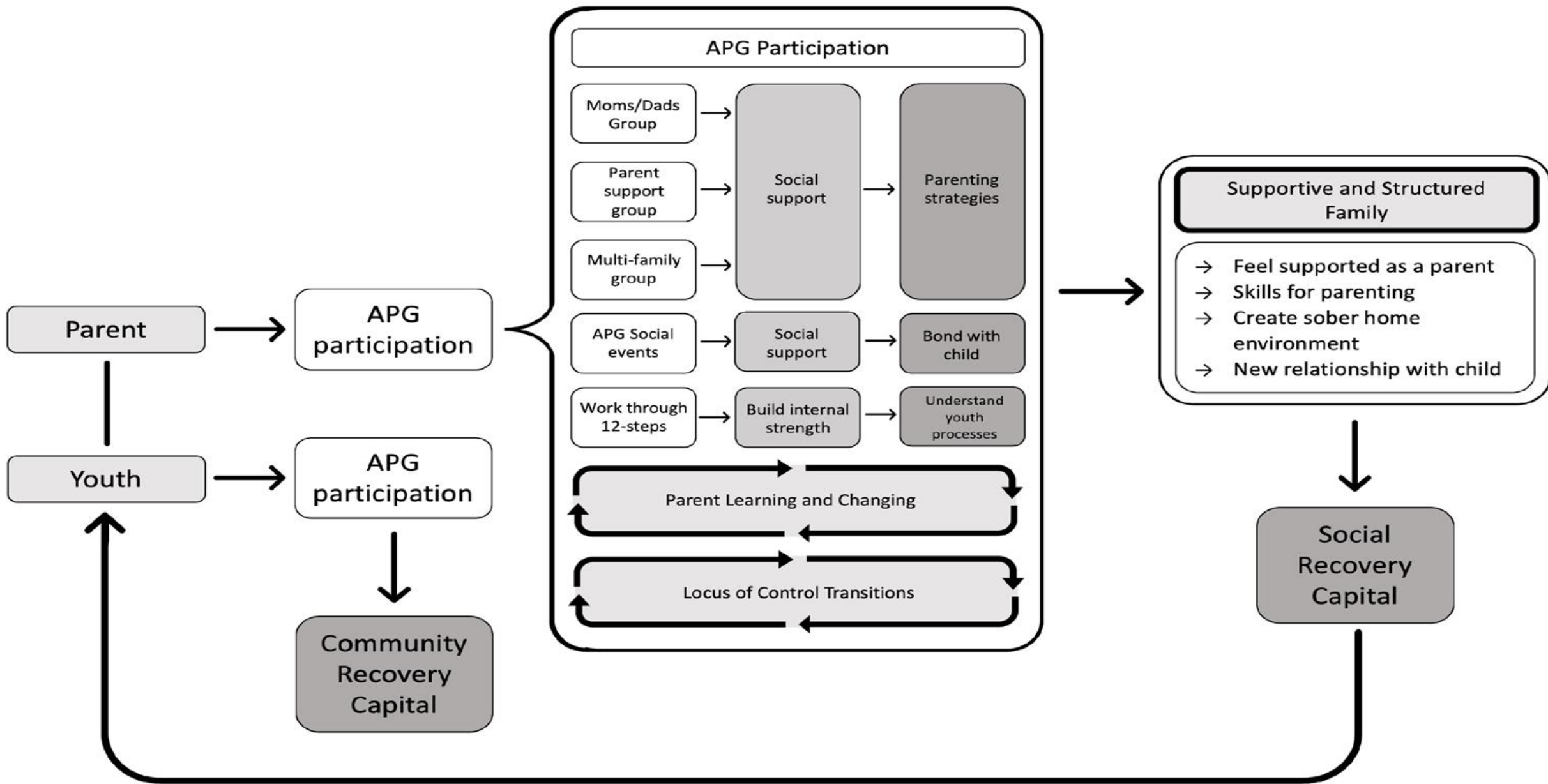


# Complicated family and parent influence

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- Noticeable substance use
- Access to substances
- Denial
- Strained relationships and communication
- Parenting skills







# Initiating the Process

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*"He said, "You know, I just really don't think I want to go back to that place and be around those, the people like that." And I said, "You mean the people just like you?" (laughter) He really didn't have an answer for that. But I said, "**You know, we have to, we just have to go. We're, our family's a mess.**"*

(Mother)



# Demonstrate Commitment

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*"[Child] was definitely not ready when she came in. And I think she realized we were serious—there was no getting out of it... **We were attending all the meetings** and she knew that I was **taking my lunch break** at work to go pick her up, bring her here [to APG]. So I think there was the external pressure. And then **once she got in with the group**, you know, talking and listening to the stories... I think that's what helped her." (Mother)*



# Learn New Skills

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*“The APG actually **treated the whole family**. Because you just initially, you see the kid as being the problem, it’s their disease. You just send them off, and somebody fixes them, you know, gives them a shot of something, they’re fine, you know... But I remember being initially sort of resistant to the whole process—not that it wasn’t a good thing; it was just like it seemed like, oh, this **is a lot of work** (laughter).” (Father)*



# Leaning into New Structures

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*"The **APG provided structure** for my parents at home, and like **making a home contract**... Mom has worked a lot on co-dependency and not enabling me or my siblings, and **I see that, like working** on in my family." (Male, 17 yrs)*

# Developing Family Social Recovery Capital

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*“The **peer relationship of families is in telling the stories and hearing the stories.** The shame actually tries... tends to isolate me. And that’s the last thing you need. And so telling the stories and being in the group **actually produced the healing** because it comes from other people. And **there’s a connection there.**” (Father)*







# Summary

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- Recovery capital provides holistic perspective for understanding youth recovery experience
- Intervening on social aspects is vital... consider peers and parents as different kinds of influences and supports
- Programs in the community can provide necessary supports... include caregiver and sibling programming to support family and home change
- Still building the research evidence base... rigorous research needed to examine pathways of change for youth and their families within communities

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