Adolescent-Recovery Oriented Systems of Care

Emily Alden Hennessy, PhD
Associate Director of Biostatistics
Recovery Research Institute
Massachusetts General Hospital
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Objectives


2. Describe an Adolescent-Recovery Oriented Systems of Care Approach.

3. Discuss strategies to build youth recovery capital through an A-ROSC approach.
Overview

1. Adolescent substance use
2. Adolescent Recovery
3. Recovery Capital for Adolescents
4. Overview of ROSC
5. Putting the “A” in A-ROSC
6. A-ROSC and Recovery Capital
7. Developing A-ROSC
8. Summary
9. References
Recovery-Oriented System of Care

Value-based framework that guides us in thinking about how to develop a network of formal and informal services and supports

Ijeoma Achara
Adolescent Development and Substance Use
Alcohol Use Disorder (2018-2019)

Unique Developmental Needs

Biological, physical, and neurological development, ego and identity development → changes in self-regulation skills, social needs, skills, and networks

Arnett, 2000; Holmbeck et al., 2012; Chambers et al., 2003; Doremus-Fitzwater et al., 2010; Simon & Moghaddam, 2015; Rutherford et al., 2010; Spear & Varlinskaya, 2010; Albert et al., 2013; Englehardt, 2017; Schulenberg & Maggs, 2002
Social and Identity Changes

Seeking and Gaining Independence

• Adolescents look outside the family for support
• Emerging adults often moving 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
Development and Substance Use

• Heightened vulnerability: experimentation with and habitual use of substances

• Increased likelihood of impulsive behaviors, risk taking, drug and reward seeking:

  (1) Biological sensitivity to psychoactive substances

  (2) Toxic effects on the developing brain
Stages of Adolescent Development

Early (Ages 10-13)
- Physical: Puberty begins, growth spurt, sexual interest
- Cognitive: Beginning abstract thinking, present focus
- Emotional: Parent conflict, identity formation, peer influence

Middle
- Physical: Puberty complete, girls’ growth slows
- Cognitive: Greater abstract thinking, goal setting
- Emotional: Independence, romantic relationships, friends central

Ages 14-18
- Physical: Girls fully developed, boys continue growth
- Cognitive: Greater thought processing ability, delayed gratification
- Emotional: Firm identity, emotional stability

Late (Ages 19-21)

https://twitter.com/CDCSTD/status/633690073171542016/photo/1
Adolescent Recovery
Recovery

**Betty Ford Institute Consensus Panel** (2007): recovery is “a voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship”

**SAMHSA**: recovery is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”
Adolescent recovery ≠ Adult recovery

- Tend to use multiple substances
- May use a broader array of substances
- Tend to drink more alcohol than adults, which can result in more severe substance use patterns
- May experience serious problems but not meet diagnostic criteria
- More likely to return to use due social pressure

Deas et al., 2000; Ramo & Brown, 2008; Serlin & Torregrossa, 2015; Englehardt, 2017
Access to treatment is necessary, but not enough…

• Acute clinical intervention alone is not enough (cite relapse rates here)

• Worse outcomes for youth with comorbid illnesses
  
  o ~20-60% of youth experience comorbid conditions

• ~44% of youth with high substance use have experience with justice system

Substance Abuse and Mental Health Services Administration [SAMHSA], 2009; Minkoff, 2001
Recovery Capital for Adolescents
Recovery Capital

Total resources to overcome substance dependency:

1. Tangible and intangible resources and relationships
2. Attitudes and beliefs
3. Mental status and personal characteristics

- Considers multiple ecological levels and life domains
- Individuals with some resources are likely to generate more
- Changes over time

Cloud and Granfield, 2004; Hennessy, 2017; White and Cloud, 2008
Recovery Capital and Youth

Must emphasize youth resilience and unique developmental aspects
Process which prepares youth to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences which help them to become socially, morally, emotionally, physically, and cognitively competent.
Recovery Capital for Adolescents Model

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

- Caregiver income and education
- Stable living
- Health insurance through caregiver or state
- Transportation
- Treatment access

- Sober and supportive friends
- Supportive/structured family
- Sober home environment
- Participation in developmentally appropriate groups

- Alternative peer groups,
  - Young Persons Meetings
  - Recovery sponsor
  - Recovery school/Collegiate recovery community
  - Perceptions of peer substance use (cultural capital)

Hennessy et al., 2019; Nash et al., 2019
Human Recovery Capital

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

- Caregiver income & education
- Stable living
- Health insurance through caregiver or state
- Transportation
- Treatment access
Social Recovery Capital

- Sober & supportive friends
- Supportive/structured family
- Sober home environment
- Developmentally-appropriate groups
Community Recovery Capital

- Recovery sponsor
- Alternative peer groups
- Young Persons Meetings
- Recovery high school
- Collegiate recovery community
- Recovery identity
- Perceptions of peer use
QUESTIONS?
Overview of Recovery Oriented System of Care

from a Recovery Capital for Adolescents Model perspective…
ROSC, let’s break it down

Recovery-Oriented System of Care
ROSC, let’s break it down

Recovery-Oriented System of Care

- Process of change
- Improve health and wellness
- Live a self-directed life
- Strive to reach full potential

Hernandez & Hodges, 2003
ROSC, let’s break it down

Recovery-Oriented

System of Care

No wrong door to enter treatment
ROSC, let’s break it down

Recovery-Oriented System of Care

No right path to recovery
Recovery management organizing philosophy

SAMHSA, 2009
Recovery management

- Shifts focus of care from professional-centered episodes of acute symptom stabilization toward client-directed management of long-term recovery
- Wraps traditional treatment within a more sustained continuum of pre-recovery support services to enhance recovery readiness
- Support services enhance the strength and stability of recovery initiation
- Post-treatment recovery support services enhance the durability and quality of recovery maintenance

White, Kurtz, and Sanders, 2006
ROSC, let’s break it down

Recovery-Oriented System of Care

• Range of services and supports guided by a philosophy and supported by an infrastructure
• "Not a clean package"
• Not one-size-fits all approach
A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network with a supportive infrastructure, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Stroul & Blau, 2010
Wraparound

A team-based planning process intended to provide individualized, coordinated, family-driven care to meet the complex needs of children who are involved with several child- and family-serving systems, who are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties.

SAMHSA, 2009
Adolescent-Recovery Oriented System of Care
A-ROSC conceptual overview
### TOP A-ROSC outcomes according to SAMHSA group

#### YOUTH
- Social connectedness;
- Increased capacity of youth to give back to the community;
- Increased self-sufficiency;
- Increased number of developmentally appropriate assets.

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### TOP A-ROSC outcomes according to SAMHSA group

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|       | • Ability of adults to be supportive of youth in recovery |        |
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TOP A-ROSC outcomes emphasized by SAMHSA group

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NOTICE WHAT’S “MISSING”…
Top 8 Values and Principles for an A-ROSC

1. Family focused

2. Broad definition of family

   Biological, adoptive or foster parents and their partners, grandparents, siblings, other kinship caregivers, friends, and others as defined by the youth

SAMHSA, 2009
Top 8 Values and Principles for an A-ROSC

3. Being age appropriate

4. Reflecting the developmental stages of youth, includes transition-age youth

5. Promoting resilience

SAMHSA, 2009
Top 8 Values and Principles for an A-ROSC

6. Acknowledging the nonlinear nature of recovery

7. Being strengths-based

8. Identifying recovery capital

SAMHSA, 2009
# 17 more Values and Principles for an A-ROSC

1. Empowering youth/consumer;
2. Being youth guided;
3. Being individualized;
4. Promoting hope;
5. Emphasizing accessibility;
6. Providing choice;
7. Containing a broad array of services and supports;
8. Being culturally competent;
9. Promoting individual responsibility;
10. Being integrated;
11. Using an ecological approach;
12. Providing continuity of care;
13. Engaging youth;
14. Being nondiscriminatory;
15. Being collaborative;
16. Being cost-effective; and,
17. Promoting authenticity.

*SAMHSA, 2009*
Top 6 Services and Supports

Values
Family focused with a broad definition of family

1. Ensure ongoing family involvement:
   • Parent counseling
   • Family groups
   • Sibling support

SAMHSA, 2009
Top 6 Services and Supports

Values
- Age appropriate, reflect the developmental stages: promote resilience

2. Assure that the range of services and supports address multiple domains:
   - life skills training
   - vocational training
   - recreation opportunities
   - leadership development

3. Include services that foster social connectedness

SAMHSA, 2009
Top 6 Services and Supports

**Values**
Nonlinear nature of recovery, strengths-based (recovery capital)

4. Provide linkage
   - emphasize continuing care and long-term view of recovery

5. Provide specialized recovery supports

6. Provide therapeutic and clinical interventions

SAMHSA, 2009
Infrastructure Elements

• Family involvement at the design and policy level
  o Support for youth and family advocacy
  o Support for family and professional partnerships
  o Bring youth and family members into full participation in decision- and policy-mediating roles at all levels

• Policy changes at the Federal, State, and provider levels
  o To support and operationalize a recovery-oriented paradigm shift

SAMHSA, 2009
Infrastructure Elements

- Collaborative financing
- Collaboration and integration across all youth-serving systems

SAMHSA, 2009
Infrastructure Elements

- Leadership
- Leadership development
- Workforce development
Infrastructure Elements

Accountability:

- Development and implementation of quality assurance practices
- Performance measurement and monitoring
- Traditional and nontraditional providers
A-ROSC…

TREATMENT SYSTEM

SUD Mental Health Physical Health

Family services Social work services

RECOVERY MANAGEMENT
A-ROSC…

COMMUNITY SYSTEM

- Alternative Peer Groups
- Parent support groups
- Sports teams
- Arts, music, drama
- Church
- Job training
A-ROSC…

EDUCATION SYSTEM

- Recovery high schools
- Tutoring
- Guidance counseling
- Sports teams
- Arts, music, drama
Juvenile drug treatment courts
Job/skills training
QUESTIONS?
Links to services that promote four domains of recovery capital and positive development

- **HUMAN CAPITAL**: Improved socioemotional functioning
- **SOCIAL CAPITAL**: Low-risk social networks
- **FINANCIAL CAPITAL**: Reduced substance use
- **COMMUNITY CAPITAL**: Improved quality of life

A-ROSC → School success → Increased school engagement → Low-risk social networks → Improved quality of life
Synergistic benefits of A-ROSC thinking

Best et al., 2017, Best & Ivers, 2021
Contagion of A-ROSC thinking

Best & Ivers, 2021
QUESTIONS?
Developing A-ROSC
Big picture of A-ROSC

Is not…

• Simply adding recovery supports to the treatment system
• Just a network of providers who increase their collaboration to provide more coordinated care
Big picture of A-ROSC

Is not…

• Simply adding recovery supports to the treatment system
• Just a network of providers who increase their collaboration to provide more coordinated care

Does not…

• Seek to foster competition between peer- and community-based services and formal treatment
• Require new resources
ROSC Approaches

ADDITIVE

SELECTIVE

TRANSFORMATIONAL

White, 2011
Additive ROSC

There is a gap in recovery support services!

• $$$ infusion

• Add new services to existing system

• No changes made to larger system

• No integration between treatment and recovery
Selective ROSC

*Treatment practices need to change to align with recovery principles!*

- Emphasize developing new recovery-oriented programs or levels of care in parts of a system
- Some great integrative treatment-recovery approaches… mostly pilots or small programs
- No system overhaul
- Confusion for service users
Transformational ROSC

• Nature of treatment shifts \(\rightarrow\) recovery management approach

• Systems thinking shift to support long-term recovery

• Peer and community-based recovery supports are developed and integrated into both formal (treatment) and community (recovery) contexts
Transformational ROSC

• Diverse activities: changing languages used, services available, integrate indigenous helpers, develop strategies for community education, increase prevention/early intervention

• Treatment and recovery supports are integrated and seamless
Treating the soil… “Healing Forest”
First steps

• Develop a sense of urgency → leads to collaboration and buy-in

• Process to involve stakeholders and create a collective vision

• Promote conceptual clarity
4 Conditions for A-ROSC success

1. Develop a shared vision
   - Behavioral health challenges
   - Recovery
   - Principles that promote healing and wellness
4 Conditions for A-ROSC success

2. Align practice and services with that vision
4 Conditions for A-ROSC success

2. Align practice and services with that vision

What should it mean for our services if we believe…

there are many pathways to recovery?

there is no wrong door to enter treatment?
4 Conditions for A-ROSC success

3. Ensure that the context is aligned to support these changes

- Implications for policy, fiscal, regulatory procedures
- Create collaborations with the broader community
4 Conditions for A-ROSC success

4. Engage Flexible and adaptable actors

*Remember: Despite careful attention to conceptual vision, this process can (will likely) feel chaotic (at times)*
Many areas left to address

• Youth involvement (empowerment)
• Disparities
• Cultural competence
• Stigma
QUESTIONS?
Implementing recovery-oriented systems of care will require a new mindset and transformation of systems and services focusing not on problems but rather on engendering hope, optimism, and the fulfillment of each young person’s potential.
QUESTIONS?
American Psychological Association Resources

• Book: Treating Contemporary Families (February 2022)

• Book: Child and Adolescent Development in Cultural Context (March 2021)
Reference List


Note: All photos or pictures used for the presentation are from the public domain of pixabay.com


• Interview with Ijeoma Achara, Ph.D. Posted at www.williamwhitepapers.com


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