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Adolescents, Young Adults and Recovery Support Groups: Science-grounded Principles for Probation Officers

William L. White

Emeritus Senior Research Consultant
Chestnut Health Systems
bwhite@chestnut.org

Everyone seems to have an opinion about the need for or appropriateness of adolescent involvement in recovery support groups. One doesn't have to go far to hear that such groups are inappropriate for adolescents or that adolescents do not do well in such groups. But what do we know about such involvement from the standpoint of science?

Listed below are the latest scientific findings related to such involvement. It should be noted that nearly all of these studies have evaluated adolescent involvement in 12-step groups and almost exclusively adolescents who have been treated in inpatient settings. There is scant scientific literature on the effects of adolescent involvement in secular or religious alternatives to 12-step groups. Here's what is known about adolescents and 12-step involvement.

- AA and other 12-step programs are noted for being widely available, free, and accessible during high risk times (evenings and weekends), and instantly available (by phone or Internet) (Kelly & Meyers, in press).
- Participation in 12-step programs has been linked to improved long-term recovery rates of adolescents with substance use disorders, but adolescents participate in AA/NA at lower rates than do adults (Kelly & Myers, in press).
- 86% of adolescents involved in specialty sector addiction treatment (most treated within 1,000 specialty treatment programs treating more than 200,000 adolescents per year) are referred to 12-step groups during or following treatment (Kelly, Yeterian & Myers, in press; Kelly, Myers & Rodolico, in press).
- Initial post-treatment contact with 12-step groups by adolescents is quite high (42-72% as reviewed in Kelly, Yeterian & Myers, in press).
- Those adolescents most likely to affiliate with AA are marked by greater problem severity and less parental involvement in their treatment (Kelly & Myers, in press).
- The major barrier to adolescent 12-step participation as perceived by treatment staff is low percentage of adolescents and young adults in local 12-step

meetings (Kelly, Yeterian & Myers, in press); other studies have found transportation to be a major barrier (Kelly & Myers, in press).

- 2% of AA members are age 21 or younger, and 2% of NA members are under age 20 (Alcoholics Anonymous 2005 membership Survey; NA World Services, 2002).
- The age discrepancy produces a lower level of identification due to older members having more severe substance use histories and consequences than those reported by adolescents (Stewart & Brown, 1995).
- Many adolescents do not participate in AA/NA at recommended levels following treatment and many drop out of participation (Kelly, Myers & Brown, 2000; Kelly, Myers & Brown, 2002).
- AA/NA participation rates are higher when adolescents are in professional helping relationships that strongly encourage such participation (Kelly & Myers, in press).
- There are no scientific studies suggesting the best recovery support group (AA versus NA) for polydrug-involved adolescents (Kelly & Myers, in press).
- Adolescents participating in 12-step meetings with members closer to their own age attend more meetings, are involved in more active step work, and have better long-term recovery outcomes (Kelley, Myers & Brown, 2005).
- Adolescents respond more to the general group support dimension of 12-step groups than to spiritual aspects of the program or active step work (Kelly, Myers & Rodolico, 2008).
- Reasons for discontinuation of participation in 12-step meetings include boredom, lack of it, low perceived need to attend, and low motivation for abstinence (Kelly, Myers & Rodolico, 2008).
- In contrast to popular speculation, adolescents dropping out of 12-step programs do not report the programs spiritual/religious emphasis to be a major

factor in their disengagement (Kelly, Myers & Rodolico, in press)

- There has been no study of adolescents' perception of their personal safety related to participation in 12-step meetings and related social activities (Kelly, Yeterian & Myers, in press).

Implications and Action Steps for Professional Helpers

1. Identify those recovery support meetings in your area that have the highest representation of adolescents and young adults.
2. Identify those youth most appropriate for referral to recovery mutual aid groups.
3. Explain to each young person and their parents the importance of recovery mutual aid participation.
4. Assertively link adolescents to those recovery support meetings that have the highest percentages of younger members.
 - a. --Link to a person and a particular meeting.
 - b. --Provide orientation of what happens at the meetings (rituals and etiquette and what is expected of them).
 - c. --Debrief early meeting experiences.
5. Link the individual to recovery support meetings early in the process, e.g., concurrent with treatment referral or as an alternative to such referral.
6. Try to saturate recovery support during the first 90 days of recovery initiation.
7. When necessary, provide assistance in arranging transportation to and from recovery support meetings.
8. Recruit adolescents and young adults that can serve as guides or temporary sponsors for young probationers.
9. Strongly encourage ongoing participation in recovery support groups and monitor the level of ongoing participation in such groups using the checklists provided elsewhere in this Toolkit.
10. Re-link to treatment in response to evidence of disengagement or relapse.
11. Monitor any safety concerns related to mutual aid involvement, e.g., concerns related to safety getting to and from

meetings, potential sexual exploitation by older members, or negative influence of other members.

12. Assertively link parents to Al-Anon, Families Anonymous or Nar-Anon.

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