

THE ALTERNATIVE PEER GROUP: A MODEL FOR YOUTH RECOVERY RESEARCH AND WHY IT MATTERS



Speakers

CRYSTAL COLLIER, PHD, LPC-S

*Counselor Educator & Addiction Researcher
Murphy-Peterson Fellow In Behavioral Health
at The Hope And Healing Center*

ANGELA NASH PHD, CPNP-PC, PMHS

*Assistant Professor Of Nursing
Cizik School Of Nursing
at the University Of Texas Health Science Center*

Disclosures

The speakers have no conflicts to disclose

Objectives

- List the key elements of APGs and how they build recovery capital
- Describe how to measure adolescent recovery
- Discuss existing APG evidence
- Plans for future APG research

The State Of Adolescent Treatment

- Ninety percent of adults with chronic addiction began using before the age of 18.
- Only 10% of teens who need SUD treatment receive it.
- First year relapse rates range from 55% to 89%
- Effective intervention for adolescent SUD is critically important to the public health of our nation.

How Peers Impact Treatment

Research shows that

- Teens in treatment report
 - high motivation to abstain
 - low motivation to stop hanging with friends who use AOD
- Teens typically relapse with their peers who use AOD
- Majority return to social environments where most of their peers use AOD at least weekly

Recovery

- Goal of treatment is remission & long-term stable recovery
- Various definitions of recovery exist
- No consensus on a definition of adolescent recovery
- Teens vary from adults in many significant ways
 - Do not attend treatment willingly
 - SUD symptoms present & resolve differently
 - Typically return to AOD use more quickly after treatment

Recovery Definition We Use

A dynamic process characterized by increasingly stable remission resulting in and supported by increased recovery capital and enhanced quality of life

Recovery Capital

The internal and external resources that a person can draw on to initiate and sustain recovery from AOD problems

- Personal recovery capital
- Family/social recovery capital
- Community recovery capital

Recovery Support Models

Numerous initiatives support development of RSM

- Build recovery capital
- Address psychosocial barriers to recovery
- Incorporate continuing care and peer-support services
- Promote resilience
- *Focus on making recovery more appealing than AOD use*

Adolescent Recovery Support Models

Should

- Be developmentally appropriate
- Include families and peers
- Be FUN and engaging
- Be comprehensive
 - Clinical and recovery support services
 - Long-term continuing care elements
 - Linkages to other recovery supports

Building Recovery Capital In Teens

- Houston has a wealth of historical “experiential wisdom” with building recovery capital in teens.
- No research evidence on most important recovery capital elements for teens but the concept is emerging
- Research on adults: 12 step involvement, spiritual well-being and life satisfaction associated with sustained recovery
- Young people report: recovering peers, family support, and sober fun activities

The Alternative Peer Group (APG)

- A promising adolescent recovery support model that includes a focus on prevention, early intervention, and recovery management.
- Congruent with principles of recovery-oriented systems of care
- APGs integrate recovering peers and prosocial activities into evidence-based clinical practice.



- All programs provide peer support, social activities, and linkages to treatment and other recovery support services,
- Some APG programs offer almost daily activities and clinical services akin to intensive outpatient treatment
- This variability in level of clinical and recovery support services has never been officially explored

Key APG Elements

- Recovering peer role models
- Welcoming, accepting, yet structured environment
- Sober recreational activities
- Long-term aftercare support
- Parental involvement
- Linkages with treatment and other recovery support services

Association Formed In 2014



**Association
of
Alternative
Peer Groups**

<http://www.aapg-recovery.com/>

Research: Why Does It Matter?

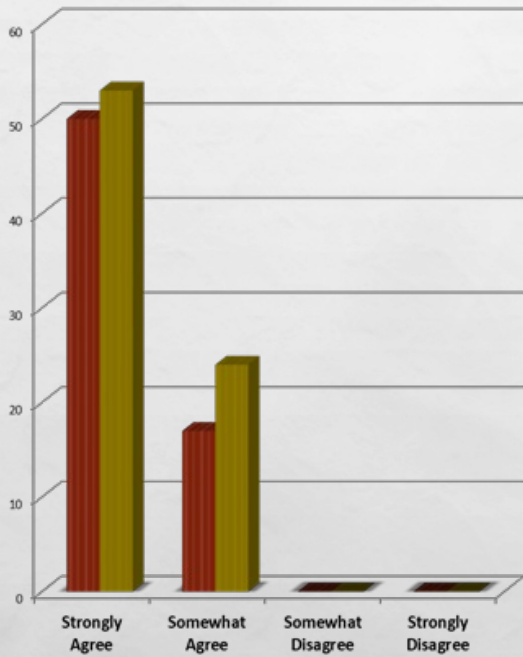
- Despite 45 years of refining and “anecdotal” evidence, no rigorous APG research has ever been conducted
- APG research is urgently needed
- **Why???**
- Endorsement follows evidence
- Reimbursement follows evidence

One Unpublished Study

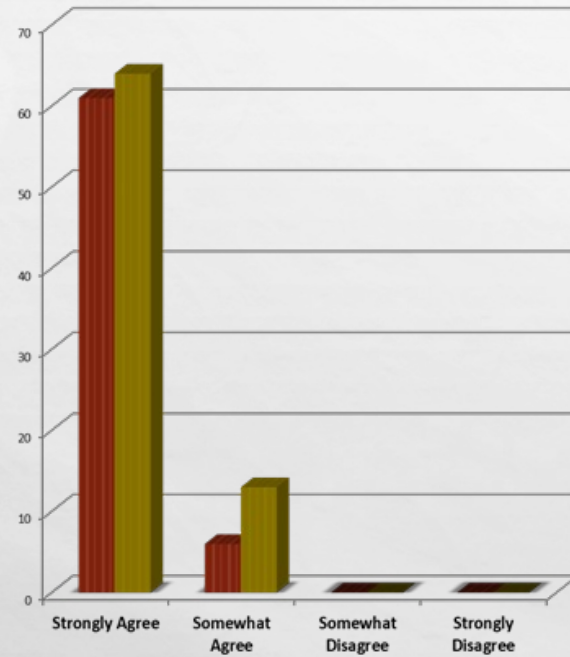
- Basinger: Presented at APG Symposium 2011
- Youth who completed an integrated IOP/APG 2006 - 2008
- Two-year sobriety rates 89% to 92% (vs < 30% treated teens)
- Greater attachment and communication with peers and close friends among adolescents in APG compared to controls,

High Parental Satisfaction

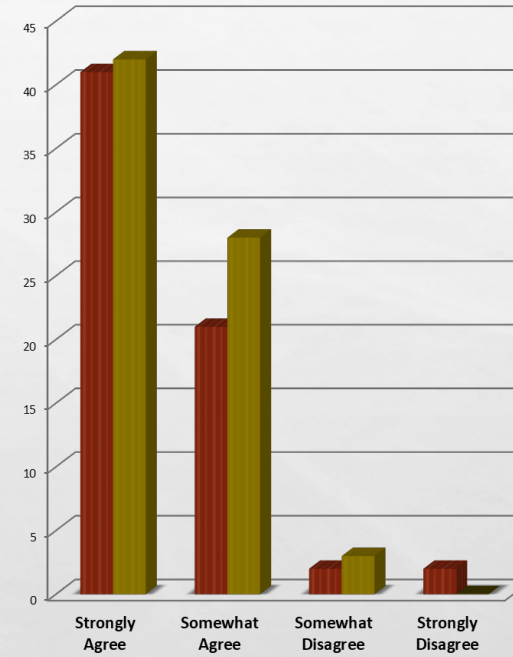
The program has helped to set effective boundaries.



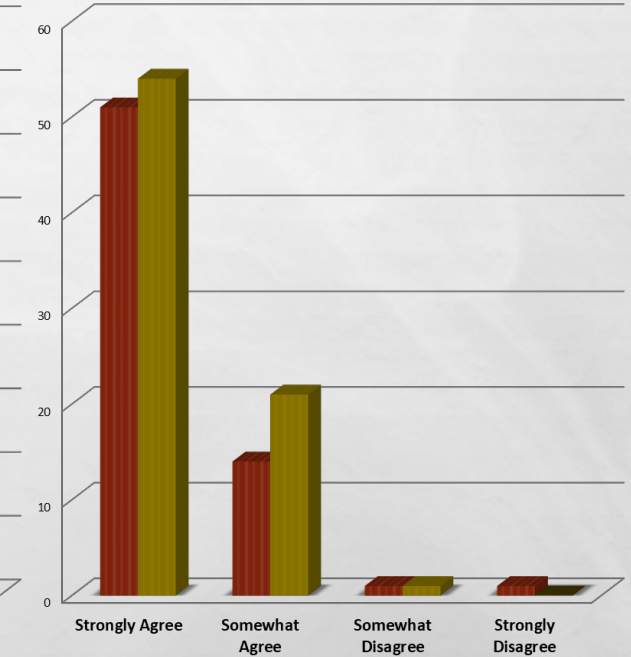
The program has helped me to support my child's recovery.



The program has improved my relationships with others in my family.



The program has improved my relationship with my child.



Qualitative Research 2011-2013

- How do youth, parents, and providers describe the process of recovery from adolescent substance use disorder?
- What are the key elements for adolescents' success in recovery?

Recovery Is A Journey

- A quest like journey
- Impossible to travel alone
- Requires much preparation
- Takes TIME
- Full of perils
- Life long

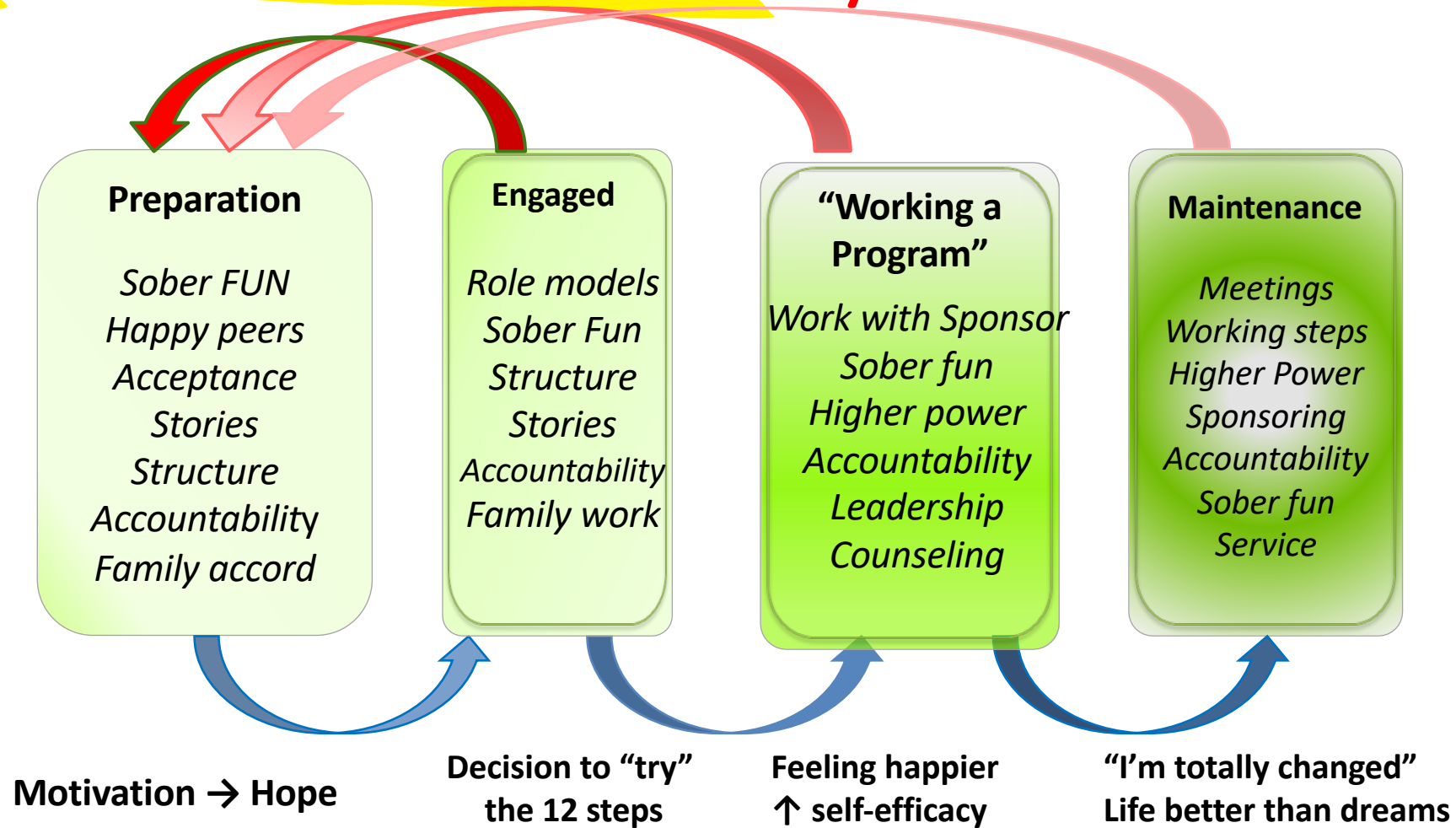
Key Elements

- Relationships
- Time
 - Duration
 - Timing
 - Dose
- Fun

Relationships



The Process of Recovery



What To Measure

Processes of recovery

- Motivation
- Readiness for change
- Confidence to abstain

Recovery Capital

- Peer Relations
- 12 Step Involvement
- Life Satisfaction
- Spiritual Well-being

Outcomes

- Mental health symptoms
- Substance use
- Functioning

RORMY-APG 2015-2018

Recovery-oriented Research Methods For Youth In An APG

Funded By



- Consumer informed
 - Based on model from original qualitative study
 - Focus groups
 - Community Advisory Group
- Web-based surveys measure change over time in
 - Recovery processes
 - Recovery capital
 - Outcomes
- Interviews with teens, parents, APG staff, & Association of APGs

RORMY-APG *A feasibility pilot*

- Primary Aims

1. Are recruitment and data collection methods acceptable and feasible?
2. Do the variables change in the expected direction and how?
3. What factors promote or hinder the process of recovery for youth?

- Secondary Aims

1. Refine the methodology to prepare for a larger study
2. Use the data to submit proposals for larger studies
3. Disseminate information on APGs and recovery-oriented research through presentations and manuscripts

Enrolled Participants SUD/Mental Health Severity On Admission To APG

SUD severity	N	M	SD	Mdn	Range
	36	3.17	.98	3	0-4
SUD Score	0	1	2	3	4
	2.9%	2.9%	14.3%	34.3%	45.7%
MH severity	N	M	SD	Mdn	Range
	36	1.94	1.43	2	0-4
MH Score	0	1	2	3	4
	17.6%	26.5%	23.5%	8.8%	23.5%

Scores range 0 to 4

0 = no problem

4 = severe problem

Participants Who Took Baseline Survey

Note: *only 28 of the 36 enrolled teens took the baseline survey*

Gender	Male N = 21 (75%)		Female N = 7 (25%)	
	M	SD	Mdn	Range
Age in years	15.96	1.32	16	13-18
Days in APG	126	160.85	68	0-708

Primary Aims Results

- Web surveys were easy, and participants were truthful
- Challenges with recruitment and retention
 - Recruited 36 of expected 60 teen-parent dyads
 - Only 28 teens took baseline survey and most lost interest quickly
 - Drop out was high

	Youth		Caregivers	
	N	%	N	%
<i>Enrolled in study</i>	36	100%	36	100%
<i>% took baseline survey</i>	28	78%	36	100%
<i>% took all surveys sent to them (including baseline)</i>	14	51%	32	88%

Outcomes

Quantitative

- No significant change in any measured variables
- Difficult to make conclusions from data due to
 - Small sample size
 - Selection bias
 - Attrition bias

Qualitative

- Many lessons learned to refine methods to improve future studies
- Still analyzing qualitative data but have 732 pages of data on promotion of recovery in adolescents

Secondary Aims Results

- 6 presentations (3 local & 4 national)
- 1 article submitted & 2 more in process
- Enough qualitative data to write at least 6 more
- Revisions made to strengthen protocols

Next Steps

- Write articles to get the word out about APG
- Site visits to 14 APGs across Texas to systematically characterize the structure, operations, and clients of APGs
- Will aid in cross-comparison across sites
- Proof of concept pilot studies to establish preliminary support for APGs' effectiveness in helping teens transition to a pro-recovery peer network

Future Research

- Continue seeking funding for low-cost progress monitoring system that all APGs can use to collect large data sets
- Data collected would support multi-site evaluation studies and
 - Generate evidence on APGs and youth recovery
 - Best practices for youth recovery support models
 - Strategies for engaging and supporting youth in recovery
 - Essential youth recovery capital elements

