

Adolescent Substance Use Disorder Teaching Strategy

Overview of Teaching Strategy

All health care providers need greater awareness of updated resources for use with adolescents experiencing problems with alcohol and other substance use disorders (SUD). Many family members, K-12 educators, and pediatric health care providers are aware of adolescents returning to problematic use, even after long-term SUD treatment. However, emerging research has a greater focus on the process of recovery, highlighting a better understanding of how to achieve positive outcomes.

This teaching strategy focuses on:

- validated tools specifically designed for the assessment of adolescents
- resources to help locate and analyze the quality of treatment programs
- assessment of the adolescent throughout the process of recovery initiation/maintenance

Information on the use of updated recovery language is provided, as well as an overview of how to locate the most successful community-level resources (e.g., recovery high schools and alternative peer groups). It is critical for everyone involved with the mental health and well-being of adolescents to understand recovery-oriented systems of care.

Download All Files for This Teaching Strategy

- [Suggested Learning Activity Answers](#)

Learning Objectives

Learners will:

- Investigate validated screening tools available specifically for adolescents who are experiencing substance misuse, including motivational interviewing techniques
- Discuss the importance of utilizing stigma reduction language and the need for individualized approaches to multiple possible pathways of recovery initiation/maintenance
- Explore best practice resources to support the ongoing process of recovery after an adolescent completes formal treatment

Learner Prework

1. The Principles of Adolescent Substance Use Disorder Treatment: A Research Based Guide is provided by the National Institutes of Health (NIH). The guide presents 13 key principles specifically related to adolescent substance use/misuse that are important to review.
<https://archives.nida.nih.gov/sites/default/files/podat-guide-adolescents-508.pdf>
2. Many new resources are available with information to locate treatment options, along with general resources related to supporting youth who are in or seeking recovery. For each of the links below, explore all information provided; follow the specific directions about where to click to locate treatment providers. Complete the table below as you gather information about resources available in your area:
 - Young People in Recovery – Chapter List:
<https://chapters.youngpeopleinrecovery.org/chapterlist/>
 - SAMHSA Behavioral Health Treatment Services Locator:
<https://findtreatment.samhsa.gov/> and click on “Search for Treatment.”

Name/Address of Resource Include phone/website if available	Services Provided: In/Out-patient, Alternate Peer Group (APG), Community Recovery Center	Distance from school/home

Suggested Learning Activities

1. The [Alcohol Screening and Brief Intervention for Youth Guide](#) is an evidence-based, validated screening tool that is the first to include questions related to a friend’s use. Research has shown that asking about a friend’s use is less threatening and a better approach to encourage younger people to talk more openly about their own substance use. Review this tool and answer the following questions to develop a list of the key differences for this specific screening tool.
 - a. This specific screening tool is available for youth between what ages?

- b. The TWO initial screening questions differ depending on whether the youth is in elementary, middle, or high school. Age groups 9–11 and 11–14 are first asked to provide what type of information?
 - c. For adolescents ages 14–18, what does the first question ask?
 - d. The definition (number of days in the past year) of Lower, Moderate, and Highest Risk drinking varies significantly depending on the age of the youth. Look at the table on page 10 of the guide to identify the following as True or False:
 - There is no low or moderate risk category for elementary-school-age youth.
 - Moderate risk can begin as low as 1 drink/yr for age 12 and 6 drinks/yr for age 16.
 - High risk for ages 12–15 begins with as few as 6 days of drinking per year
2. Review the [CRAFT+N 2.1 Interview tool](#). Read the following case study and with the details provided, determine what course of action you would take with this adolescent:

Jonathan, a 15-year-old male, has been brought to the pediatric clinic by his mother for his annual checkup including sports physical paperwork for the upcoming school year. When you are alone in the room with Jonathan, he is not engaging well with general conversation about the upcoming soccer season. When asked if he is looking forward to returning to playing for the state championship team, Jonathan states he has been thinking about quitting because he does not like the new assistant head coach. At this point, you decide to transition to a discussion about the **CRAFT+N 2.1 Interview tool**.

“Jonathan, I’m going to ask you a few questions that I ask all my patients. Please be honest, I will keep your answers confidential. During the past 12 months, on how many days did you:”

1. Drink more than a few sips of any drink containing alcohol?
 - a. Jonathan response: “Me and my friends hung out at the lake a lot this summer. Some of the older kids brought beer and yeah, sure, we all were drinking. I don’t know how many days – it was just mainly on the weekends.”
Provider response: “I appreciate your sharing that information with me.”
2. Use any marijuana?
 - a. Jonathan response: “A little. It’s legal in this state now. It’s no big deal.”
3. Use any tobacco or nicotine products?
 - a. Jonathan response: “Just some vaping – but that’s not bad like smoking.”

Based on these answers, you ask the questions in Part B

C: Have you ever ridden in a **CAR** driven by someone who was high or had been using alcohol or drugs?

- Jonathan response: “Sometimes – but they were ok to drive – not totally messed up”

R: Do you ever use alcohol or drugs to **RELAX** or fit in? You, as the Provider, decide to paraphrase this question based on the previous responses. “Sounds like drinking beer at the lake this summer was the most common way to get together with your friends, a way to fit in and connect. Is that correct?”

- Jonathan response: “Pretty much everybody was partying this summer – so yeah.”

A: Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

- Jonathan response: “No.”

F: Do you ever **FORGET** things you did while using alcohol or drugs?

- Jonathan response: “No.”

F: Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

- Jonathan response: “No.”

T: Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

- Jonathan response: “No.”

It is important to remain nonjudgmental and provide feedback that is evidence-based. In this situation, more details are needed to have a better understanding of the progression of Jonathan’s substance use history. Jonathan based all his answers on the current summer situation. It is important to clarify whether there was any use before the school year ended. Were his grades for the last academic year consistent with his norm?

Based on Jonathan’s responses to the CRAFFT interview and follow-up questions, formulate your feedback. Utilize page 2 of the CRAFFT tool and cover the 5 R’s: Review, Recommend, Riding, Response, Reinforce. There are many resources that are targeted specifically to help youth understand the risks for the developing brain associated with substance use. Provide Jonathan with this resource: <https://teens.drugabuse.gov/drug-facts/brain-and-addiction>. Based on his answer to the CAR question, it is critical to discuss the [Contract for Life](#) with Jonathan.

Suggested Reading

Hennessy, E. A., Cristello, J. V., & Kelly, J. F. (2019). RCAM: A proposed model of recovery capital for adolescents. *Addiction Research & Theory*, 27(5), 429-436.

<https://www.tandfonline.com/doi/full/10.1080/16066359.2018.1540694>

Problematic substance use is a challenge worldwide among adolescents. The recovery process requires holistic support addressing multiple and intersecting substance use risk factors; yet, there remains a lack of evidence on how to best understand and support adolescents in recovery. Recovery capital (RC) is a model that can be used to identify areas of assets that could be enhanced and barriers to address in one's recovery process; however, this construct was generated through a study of adults who achieved natural recovery, and it has since been used to frame adult recovery-related literature across the world. The primary aim of this article is to outline the rationale for and present a Recovery Capital for Adolescents Model (RCAM). The article discusses the original recovery capital model; describes adolescent development, substance use, and recovery; and details proposed developmental adaptations. Future qualitative and quantitative research should explore the RCAM to assess whether the proposed dimensions are complete, as well as to assess its utility in clinical settings for identifying strengths and barriers for adolescents in or seeking recovery.

Hennessy, E. A., Glaude, M. W., & Finch, A. J. (2017). 'Pickle or a cucumber?' Administrator and practitioner views of successful adolescent recovery. *Addiction Research & Theory*, 25(3), 208–215.

<https://www.tandfonline.com/doi/abs/10.1080/16066359.2016.1242723>

Adolescent substance use disorders often involve a recurring cycle of treatment and relapse. The academic and practical definition of addiction recovery for adults has been debated; yet, elements determining a successful adolescent recovery, aside from abstinence, have not been delineated. Thus, the authors sought to explore how practitioners and administrators define "success" in recovery and how they foster youth progress toward success. A key finding of this study, which has not been addressed in existing qualitative studies of youth recovery, is that the understanding of recovery was diverse and multidimensional and provided a view of success beyond sobriety, highlighting the various facets from which practitioners must operate and address recovery. This demonstrates the need for researchers to carefully conceptualize how they operationalize adolescent recovery.

Walsh, C. (2017). Revising the language of addiction. *The Harvard Gazette*. Retrieved from <https://news.harvard.edu/gazette/story/2017/08/revising-the-language-of-addiction/>

As the founder and director of MGH's [Recovery Research Institute](#), Harvard Medical School addiction expert John Kelly helped create a web tool called the [Addiction-ary](#), a glossary of addiction-related terms including several words that come with a bold "stigma alert" warning. "If we want addiction destigmatized, we need a language that's unified and really accurately portrays the true nature of what we've learned about these conditions over the last 25 years," said Kelly. "This goes beyond political correctness," he added. "It's not just a matter of being nice. What we now know is that actual exposure

to these specific terms induces this implicit cognitive bias. If you really want to solve the problem, you want to remove any barriers and obstacles.”

U.S. Department of Health & Human Services (USHHS). (2016, Nov.). Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, Executive Summary – Chapter 5: Recovery – The Many Paths to Wellness. Washington, DC. Retrieved from <https://addiction.surgeongeneral.gov/sites/default/files/chapter-5-recovery.pdf>

On October 4, 2015, tens of thousands of people attended the [UNITE to Face Addiction rally](#) in Washington, DC. The event was one of many signs that a new movement is emerging in America: People in recovery, their family members, and other supporters are banding together to decrease the discrimination associated with substance use disorders and spread the message that people do recover. Recovery advocates have created a once unimagined vocal and visible recovery presence, as living proof that long-term recovery exists in the millions of individuals who have attained degrees of health and wellness, are leading productive lives, and making valuable contributions to society. Despite the growing popularity and importance of “recovery” as a concept, many people wonder what the term really means and why it matters. This chapter answers these questions by first defining the concept of recovery from substance use disorders and then reviewing the research on the methods and procedures used by mutual aid groups and recovery support services to foster and sustain recovery.

Author Information

Mitzi Averette, MSN, RN, CNE, CHSE
Methodist University
Fayetteville, NC