

Introduction

Youth recovery support services have been difficult to track over the past sixty years. Recovery high schools, collegiate recovery programs, young people's twelve step program groups, faith-based youth groups, Alternative Peer Groups (APG's) and Young People in Recovery (YPR) chapters have organically emerged over the past several decades in response to the growing need to provide support to young people in, or seeking recovery. These developmentally appropriate programs and services are beginning to take root, but are still very much in their infancy stages. Despite recent attempts to increase access and availability to evidence-based youth support services, overall, the recovery support field has been slow to respond. This paper will provide a general overview of the evolution of the youth recovery movement, discuss current practices and gaps in services, and conclude with a set of predictions for the future of the youth recovery support services.

For far too long, young people have not been able to access adequate recovery support services. Developmentally appropriate peer supports, access to treatment and supportive environments in educational and community settings are rare. Despite the lack of resources for our nation's young people, there has been significant momentum in recent years to fill the vast gaps that exist in youth recovery support services. The traditional Substance Use Disorder (SUD) continuum of care model has proven unsuccessful with this group. While adolescents (12-18 years old) and emerging adult (18 – 24 years old) populations have been marginalized as high risk populations that need specific services, the development of appropriate supports has been lacking within the recovery support services field.¹

¹ EA Fisher, *Recovery Supports for Young People: What Do Existing Supports Reveal About the Recovery*

The Early Days

The components of a comprehensive continuum of care system (prevention, intervention, treatment, and recovery support services) were originally created to support the needs of adults, rather than the developmental needs of a younger population. As a direct consequence, adolescent treatment professionals, families, and peers have become accustomed to high rates of recurrence within client populations. It was not until the late 1950's that peer supports began to take shape and have since evolved over the past fifty years, however unfortunately at a slow rate.

One of the earliest examples of a youth-focused initiative is a faith-based program called Teen Challenge. In 1958, David Wilkerson read an article in *Life* magazine about a gang of teenage boys who had committed a murder while under the influence of drugs.² Wilkerson crafted the core beliefs of the Teen Challenge program to be Christian in nature and practice. While the current Teen Challenge national network serves adolescents between 12 and 17 years of age, most of the facilities require the client to detox prior to entering the 12-18 month long residential programs. The faith-based program teaches behavioral modification through a Christian belief system and includes adult, woman and children, as well as family programming at some of their locations, but Teen Challenge offers more than treatment and recovery support.

Additionally, Teen Challenge sends teams of speakers into middle and high schools to share personal recovery stories as a way to support the prevention of substance use in youth through their Stay Sharp program.³ While these transformative testimonies are profound to

environment? (Peabody Journal of Education, 2014), 258-270.

² Teen Challenge International. Teen Challenge of Southern California, 2016, www.teenchallenge.org. (accessed February 3, 2017).

³ Teen Challenge International, www.teenchallenge.org (accessed June 25th, 2017).

anyone who listens, there is a gap in follow up with the students in the audience. One potential solution would be to create a curriculum for post assembly for teachers to use in classrooms for additional prevention efforts. One thing is for sure though, these teams of Teen Challenge participants who share their stories is an early model of those with lived experience stepping into the light to share their stories as a prevention and education tool.

In the early 1960's, another of the pioneer youth recovery support peer groups emerged out of the first mutual aid network in the country, Alcoholics Anonymous (AA). By way of background, Bill Wilson and Dr. Bob Smith were two alcoholics who discovered the effectiveness of banding together for mutual aid through a 12-step fellowship, and founded AA in 1935. Twenty-five years later, the first International Conference by Young People in Alcoholics Anonymous (ICYPAA) was hosted in Niagara Falls, New York. "ICYPAA was founded for the purpose of providing a setting for an annual celebration of sobriety among young people in AA."⁴ Since ICYPAA was inspired by AA, follows the same principles and traditions of AA, it is considered a recovery conference and not an advocacy group. Young people can find mutual support, social events, and service opportunities through the ICYPAA network.

One way ICYPAA has brought millions of young people together since 1958, is by hosting an annual conference in different cities throughout world. As a result of these large, international gatherings, individual states and other countries began hosting their own annual conferences. These recovery celebrations are considered to one of the most powerful tools a young person can become involved in to support their individual recoveries and re-learn how to

⁴ ICYPAA. The International Conference of Young People in Alcoholics Anonymous, 2017, www.icypaa.org. (accessed January 15, 2017).

socialize without the use of drugs and alcohol. Additionally, there is strong scientific evidence to suggest self-help group involvement is beneficial to those seeking recovery support from peers, but more youth-specific research needs to be done.⁵

Innovative Adoptions

In the late 1960's, the recovery community in Houston, Texas identified a need for a young person's recovery meeting that incorporated the concepts of the 12-step program into a more structured setting which would be developmentally appropriate for adolescents. Father Charles Wyatt-Brown, the rector of Palmer Memorial Episcopal Church, founded Alternative Peer Groups (APGs) in 1971. Father Charles, as his parishioners came to know him, saw the benefits of youth recovery support services that were peer driven while supervised by adults (usually younger adults adolescents can identify with). Interestingly, as the teens began to meet weekly for support groups, their parents also began to see the benefits of supporting each other. As a result, APG's incorporated a family component, which further supports the concept that when an adolescent's whole family is supported the child has a better chance at a full recovery.⁶

As APG's began to spread throughout the local Houston, Texas community, and eventually to other states, recovery supports at the collegiate level began to emerge just as organically. In 1977, Brown University appointed Bruce Donovan as the university's newest Associate Dean with Special Responsibilities in the Area of Chemical Dependency.⁷ In addition to providing counseling, Donovan made sure that Brown students had access to 12-step meetings

⁵ J. F. Kelley, "Mutual-help for substance-use disorders: history, effectiveness, knowledge gaps, and research opportunities," *Clinical Psychology Review*, 23(5) (2003): 639-663.

⁶ A.J. Finch & H.L. Karakos, "Substance Abuse Recovery and Schooling: The Role of Recovery High Schools and Collegiate Recovery Communities," *Peabody Journal of Education* 89(2) (2014): 159-164.

⁷ *Ibid*

on or near campus and created a discussion meeting on campus for students in recovery. The group, known as the “Early Sobriety Group,” met once each week and would ultimately become known as the first collegiate recovery community in the United States.

Not surprisingly, the need to provide recovery support to students at the collegiate level continued to grow at universities and colleges throughout the nation. Rutgers University (1983), Texas Tech University (1986) and Augsburg College (1997) each instituted collegiate recovery communities after identifying the need by students who were trying to sustain recovery while enrolled.⁸ Texas Tech University’s Center for the Study of Addiction and Recovery was awarded a replication grant by SAMHSA and the Department of Education in 2006, which infused interest in the concept of collegiate recovery nationally.

Over the next 10 years, collegiate recovery communities and more formalized collegiate recovery programs would grow from just three in 1998 to more than 100 programs in 2016, according to the Association of Recovery in Higher Education (ARHE).⁹ Much of the rapid growth of these programs can be contributed to five key factors: 1. The replication curriculum Texas Tech University’s CSAR published in 2006, 2. Stacie Mathewson and Transforming Youth Recovery’s \$10,000 grants to new collegiate recovery programs¹⁰, 3. An environmental focus by higher education officials who saw the need for innovation on their campus as it related to substance use, 4. Advocacy efforts by students, parents, university faculty/staff and the local communities, 5. The creation of ARHE, a higher education association devoted to the

⁸ Finch & Karakos

⁹ Association of Recovery in Higher Education, www.collegiaterecovery.org (accessed January 5th, 2017).

¹⁰ Transforming Youth Recovery, <http://www.transformingyouthrecovery.org/> (accessed June 25th, 2017).

establishment and sustainability of collegiate recovery efforts.¹¹

Interestingly, while collegiate recovery communities were beginning to emerge in the late 1970's and early 1980's, secondary education recovery support services, which were completely unrelated to the higher education movement, were also beginning to take shape¹². In 1979, the first recorded recovery high school in the country, the Phoenix School in Silver Spring, MD opened its doors to students who had a history of substance use disorder and were seeking post-treatment supports.¹³ Maryland eventually opened a second Phoenix School in 1982. In the late 1980's and early 1990's Minnesota, New Mexico and the State of Washington followed suit by opening recovery high schools in their states. By the time the inaugural meeting of the Association of Recovery Schools (ARS) took place in 2002, there were a handful of collegiate recovery communities and recovery high schools. In 2012, ARS birthed the Association of Recovery in Higher Education (ARHE) as a result of the rapid growth of collegiate recovery communities and programs. Today, ARS' mission is to, "Support and inspire recovery high schools for optimum performance, empowering hope and access to every student in recovery."¹⁴

There is no one model of a recovery high school. According to recovery school practitioners and researchers, it is important for every community to assess what will work best for their specific community.¹⁵ There are, however, ARS accreditation standards that can help guide the creation of new schools. These standards are based on research conducted by recovery school experts as well as day to day practices that have proven to work universally for all

¹¹ Association of Recovery in Higher Education, www.collegiaterecovery.org (accessed January 5th, 2017).

¹² Finch & Karakos

¹³ Finch & Karakos

¹⁴ Association of Recovery Schools, www.recoveryschools.org (accessed June 25th, 2017).

¹⁵ Finch & Karakos

communities. These universal practices include: 1. Family supports in addition to student supports, 2. A supportive, developmentally appropriate, educational environment, 3. Strong recovery culture in the school, 4. Professional staff trained to work with adolescents, 5. Sustainability and business planning.¹⁶

Lacking in Diversity

While the emergence of these programs is helping to transform the landscape of the youth recovery support services field, minorities and underserved populations generally have not benefited from these innovative programs.¹⁷ In fact, recovery high schools and collegiate recovery programs report a stark lack of diversity in their enrollments. This disturbing trend is only explained by a classist and racist system which has supported a highly profitable school to prison pipeline for the past several decades. Collegiate recovery researchers report that the average demographics for most collegiate recovery programs today is 96% caucasian.¹⁸ One very obvious reason for this statistic is the simple fact that the recovery community is not reaching out to minority groups to recruit students of color enough or at all. As the field continues to evolve, it will be important for peers, professionals and other community members not only discuss potential solutions for changing the face of the recovery community but to actually implement these changes in a very authentic way by enlisting leaders from minority communities.

A great deal of work has already been initiated through ARHE and ARS to address

¹⁶ Association of Recovery Schools, www.recoveryschools.org (access June 25th, 2017).

¹⁷ Harris, K. S., Baker, A. K., Kimball, T. G., & Shumway, S. T. (2008). Achieving Systems-Based Sustained Recovery: A Comprehensive Model for Collegiate Recovery Communities. *Journal of Groups in Addiction & Recovery*, 2(2-4), 220-237.

¹⁸ Laudet, A. B., & Humphreys, K. (2013). Promoting recovery in an evolving policy context: What do we know and what do we need to know about recovery support services?. *Journal of Substance Abuse Treatment*, 45(1), 126-133.

diversity issues within the educational settings but until we deal with the inequity that comes from an unfair place of power and privilege, our society will continue to propagate an unfair system that creates barriers to recovery for people of color and low economic status rather than build bridge to solutions. Further on in this training, participants will have the opportunity to read a piece by attorney Christopher Poulos on the criminalization of addiction and more specifically, how power and privilege play a role in disparity issues. Here is an excerpt from Chris' paper:

“Beyond the constitutional and basic human rights issues associated with a racially and economically discriminatory criminal justice system, the system also negatively impacts low-income people generally, and minorities specifically, when it comes to achieving and maintaining recovery.”¹⁹

Chris goes into further detail about just how complex of an issue this is and why it is so important to the youth recovery field.

One of the most underserved populations and most impacted by substance use disorder, native americans, has unfortunately had to rely on limited resources to help save their children from generational horrors of addiction. The most renowned and probably the most well known agency today, White Bison, a Native American operated 501(c) 3 nonprofit agency dedicated to creating and sustaining the grassroots Wellbriety Movement, provides culturally based healing to the next seven generations of Indigenous People. White Bison's model suggests a supportive framework for youth prevention programs, especially for minority populations.²⁰

¹⁹ Christopher Poulos, *The Criminalization of Addiction: Privilege and Recovery*, Retrieved June 25th, 2017.

²⁰ White Bison, www.whitebison.org (accessed January 15th, 2017).

In 1988 White Bison was founded by Don Coyhis, to raise awareness and treat alcoholism among Native American youth living on reservations. Coyhis realized that to treat the teens and young adults, he must first identify underlying causes of substance misuse in this population. His approach grew to include prevention programming that focused on what he would later call the Wellbriety Movement. “The teachings of Wellbriety go beyond being sober to include thriving in the community and being balanced emotionally, mentally, physically and spiritually.”²¹ Coyhis’ approach could be adapted for other special populations because the basis of the approach focuses on key principles like resiliency, leadership development and offering tools to cultivate self-efficacy in adolescents and young adults.

The Youth Voice

In 2009, several key federal agencies came together in Washington D.C. to discuss how the Office of National Drug Control Policy (ONDCP) and the Substance Abuse and Mental Health Services Administration (SAMHSA) could coordinate, support and launch a youth recovery leadership project. Former SAMHSA Director Wesley Clark and members of his staff, along with former ONDCP Deputy Director of Demand Reduction David Mineta, convened a group of young people in recovery for several listening forums and focus groups. What emerged from the conversations was profound. Project facilitator Rob Vincent reported that youth felt they did not have a voice at local, state or federal levels²² and often felt the policies which were being created to support youth recovery efforts were created by adults for adults.

The first meeting of youth leaders from across the country was held in December of

²¹ Ibid

²² Rob Vincent, YPNDR Project Coordinator. [Online interview]. (2017, February 10).

2010. At that time, this group of national young leaders were known as Young People Networking Dialogue on Recovery or YPNDR.²³ The original group was comprised of youth ranging from 17-28 years old and represented 17 different states.²⁴ The purpose of this meeting was to bring together youth leaders and mobilize young people into action. The December 2010 meeting resulted in several key findings that were presented as a keynote at the Joint Meeting on Adolescent Treatment Effectiveness (JMATE) by two youth leaders who attended the initial meeting in December, University of Connecticut Ph.D. candidate Anne Thompson Heller and filmmaker, recovery advocate, Greg Williams. Findings from the youth discussion addressed the need for youth recovery support as outlined by the youth leaders. The second meeting, held in conjunction with the 10th annual Association of Recovery Schools or ARS conference in Cleveland, Ohio was geared at helping YPNDR launch, organize, and mobilize an autonomous organization that would be run by youth in recovery. It was at the ARS conference in Ohio that the young leaders changed the name to Young People in Recovery.²⁵

YPR was established to increase the visibility of youth recovery issues at the local, state and national levels.²⁶ The first recorded mission statement of YPR is as follows: “Our mission is to build a movement that is united at the national, regional, and local levels to advocate for accessibility to services, spread awareness, and facilitate partnerships that support young people in finding and sustaining recovery.”²⁷ The first YPR chapter was established in New Jersey and had a very strong advocacy agenda. What started as a fledgling, grassroots chapter organization

²³ Anne Thompson Heller, YPR Co-Founder [Online interview]. (2017, June 24).

²⁴ Sara Nerad, YPR co-founder [Online interview]. (2017, June 23).

²⁵ Anne Thompson Heller, YPR co-founder [Online interview]. (2017, June 24).

²⁶ Ibid

²⁷ Sara Nerad, YPR co-founder [Online interview]. (2017, June 23).

has since grown into more than 100 chapters nationally. YPR's current mission is, "To support young people in or seeking recovery by empowering them to obtain stable employment, secure suitable housing, and continue and complete their educations."²⁸

Future of Youth Recovery

As these population-specific programs and services begin to solidify and take shape it has become apparent that it is just as important for recovery support professionals to implement Recovery Actualization Pathways (RAP) to support the evolution of a youth's growth in the recovery process.²⁹ With the increase in programs for youth that focus on developmentally appropriate, evidence-based programming, the next step will be to offer leadership opportunities to these young people as they move through their recovery process similar to the Teen Challenge prevention speakers and the YPR chapter leaders. Creating a youth-centered recovery coach training could not come at a better time for the youth recovery movement.

According to recovery research pioneer William White, there are several 'phases' of recovery for individuals: pre-recovery, recovery initiation, recovery maintenance, enhanced quality of life, and breaking the cycle of intergenerational cycles.³⁰ Once an adolescent or young adult has been stabilized through professional, familial supports or community supports and recovery has been initialized, it will be key for the young person to have support during a maintenance phase. This is the critical time where recovery hopefully takes root in the individual and becomes sustainable. Collegiate recovery programs, recovery high schools, Alternative Peer Groups, 12-step mutual aid meetings and a variety of other community supports can be critical

²⁸ YPR, www.youngpeopleinrecovery.org (accessed January 15th, 2017).

²⁹ Selected Papers of William L. White, www.williamwhitepapers.org (accessed January 9, 2017).

³⁰ Selected Papers of William L. White

during this stage. Once the recovery process has moved into the maintenance phase, the young person may begin to seek leadership opportunities or want to return to school (if they have not done so already). Communities will begin to rely on them as a leaders and ask for advice or support for those initiating their own recovery pathways.

Recovery Actualization is the stage of recovery where youth leaders have the opportunity to be cultivated, trained and nurtured.³¹ It is during this exciting time in the recovery process when youth realize that they can become “better than well” and begin to seek purpose in their lives. An investment in youth leadership is an investment in the future of the recovery support field, community wellness, and the next generation of professionals. The future of the youth recovery movement will be determined by the activities developed to support recovery actualization for this population. If an evidence-based youth recovery coach training is developed and implemented appropriately, a ripple effect throughout current practices may occur. Regardless, the gaps in the continuum of care for youth will be better served by the inclusion of peer coaches.

³¹ Selected Papers of William L. White, www.williamwhitepapers.org (accessed January 9, 2017).