

# Youth Peer Support Services Role Delineation Analysis and Examination Blueprint

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# **Youth Peer Support Competencies**

## **Role Delineation Analysis**

### **and Examination Blueprint**

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# Introduction

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## Establishing Logical Validity Using the Lawshe & Lynn Method and CVR Formula

A role delineation logical validity study begins with gathering evidence-based items for potential inclusion in the competencies. Typically, draft competencies are derived from a review of the literature. The Lawshe CVR method and formula is a widely used approach to determine content validity in instruments. It involves a panel of experts rating items into three to four categories such as “essential” or “not essential”. Items deemed “essential” or “very essential” by a critical number of SMEs (Subject Matter Experts) are included in the final instrument, while those failing to achieve this critical level are discarded. A CVR score above zero indicates that over half of the panel members agree an item is essential, with a CVR of 1.00 indicating perfect agreement. The CVR is a useful statistical technique to determine the validity of individual instrument items, as rated by a panel of content experts.

### Lawshe’s Essential Item Content Validity Ratio

$$CVR = \frac{n_e - \left(\frac{N}{2}\right)}{\frac{N}{2}}$$

### Lynn’s SME Cutoff Values for Essential Competencies

N° of SMEs	Minimum Value for Inclusion
5	.99
6	.99
7	.99
8	.75
9	.78
10	.62
11	.59
12	.56
20	.42

After exclusion of “non-essential” competencies, final refinement of competencies utilized assessment of SME scoring standard deviation and variance in evaluating item “clarity”.

## **Review of the Literature**

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In a review of 357 journal articles, curriculums and best practice guides regarding SUD youth behavioral health services, 60 common competencies were compiled utilizing both investigator review and AI analysis. Investigators searched PubMed, ResearchGate, Sage, and various research/document sites and bibliographies to ascertain articles for inclusion.

- Appendix 1: Bibliography
- Appendix 2: Draft 60 Youth Behavioral Health Competencies

## **1<sup>st</sup> Wave Analysis (Appendix 3)**

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60 general SUD youth behavioral health draft competencies were reviewed by a group of SMEs (Subject Matter Experts) to assess competencies specific to peers vs. clinical competencies performed by other behavioral health workers (mental health professionals, clinical addiction counselors, etc.). Of 60 general competencies, 40 competencies were identified as relevant to peer support work. SMEs also made editorial adjustments clarifying the competency in context to peer support duties.

- Appendix 3: Draft 40 SUD Youth Peer Support Competencies

## **2<sup>nd</sup> Wave Analysis (Appendix 4)**

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During this phase a larger group of identified SMEs reviewed these 40 Draft Competencies specific to peers and rated them for "necessity" and "clarity" on a Likert scale for a statistical analysis of statement integrity, inclusion in the final set of requisite competencies, and exam blueprint item distribution. Using Lawshe's Essential Item Content Validity Ratio, each competency was evaluated.

- Appendix 4: Statistical Analysis using Lawshe & Lynn's CVR Formula, Standard Deviation and Variance scores

## 3<sup>rd</sup> Wave Analysis

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Non-essential competencies were removed based on CVR score, and a final draft of 30 Youth Peer Support Competencies were established.

### Final Draft of Competencies

A final review of these 30 competencies included using standard deviations and variances regarding clarity. Investigators refined competencies statements that were “essential,” yet scored low on “clarity” values as reflected by standard deviation and variance.

### Exam Blueprint

Exam blueprinting is a best practice, required by credentialing standards (e.g., ANSI/ISO 17024, National Commission for Certifying Agencies – NCCA). Utilizing average necessity (criticality/importance) SME scores, exam item distribution by domain was established with the standardized psychometric formula for domain item distribution.

$$N_i = \frac{W_i}{\sum W} \times T$$

# Statistical Analysis using Lawshe & Lynn’s CVR Formula, mean and $\sigma^2$ Variance



Revision required with mean clarity < 3.25 and/or variance >0.570



Elimination required with Lawshe CVR score <0.75 on Lynn’s cutoff values

#	Competency	Lawshe’s Content Validity Ratio	Mean	$\sigma^2$ Variance
1	Youth Outreach and Engagement: Peers connect with youth across a variety of venues such as schools, hospitals, emergency departments, pediatric care, child welfare, behavioral health services, and juvenile justice programs to build trust and link them to services. Outreach may include brief, low-barrier supports—such as peer engagement, SBIRT (Screening Brief Intervention and Referral to Treatment), motivational interviewing, tele-engagement, and youth-appropriate harm reduction—to reduce obstacles to accessing the full continuum of health and behavioral health care.	Content Validity Ratio 1.0	Necessity Mean 3.68 Clarity Mean 3.50	$\sigma^2$ Necessity 0.209 $\sigma^2$ Clarity 0.285
2	Youth Comprehensive Screening: Peers use evidence-based, youth-friendly tools to screen for substance use, trauma, mental health concerns, and life challenges.	Content Validity Ratio 0.00	Necessity Mean 2.50 Clarity Mean 3.25	$\sigma^2$ Necessity 1.428 $\sigma^2$ Clarity 0.500
3	Youth Risks Screening and Early Identification: Through relationship-based conversations and validated, age-appropriate screening tools, peers gather cognitive, emotional, and developmental information—such as trauma history, suicide risk, impulsivity, ACEs (Adverse Childhood Experiences), and recovery capital—to identify early risks and collaboratively connect youth to recovery supports, and treatment as needed.	Content Validity Ratio 0.75	Necessity Mean 3.50 Clarity Mean 3.75	$\sigma^2$ Necessity 0.571 $\sigma^2$ Clarity 0.553
4	Responsive Recovery Support Service Matching: Peers facilitate enrollment or/or referrals, relevant to youth-driven goals and preferences that align with youth needs, culture, identity, trauma, and readiness for change.	Content Validity Ratio 1.0	Necessity Mean 3.75 Clarity Mean 3.50	$\sigma^2$ Necessity 0.214 $\sigma^2$ Clarity 0.571
5	Universal Trauma-Informed Practice: Peers practice trauma-responsive principles—safety, trust, empowerment—across all services and systems, including trauma-sensitive relapse and crisis planning.	Content Validity Ratio 1.0	Necessity Mean 3.87 Clarity Mean 3.62	$\sigma^2$ Necessity 0.125 $\sigma^2$ Clarity 0.553
6	Developmentally & Culturally Aligned Communication and Care: Peers adapt and match peer interventions to the youth’s emotional, cultural, psychosocial, and	Content Validity Ratio 1.0	Necessity Mean 3.62 Clarity Mean 3.35	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.214

	cognitive developmental stages. Youth peers present a basic understanding of adolescent cognitive, emotional, psychosocial, moral, and general developmental stages, including developmental assets, SEL (5 Core Competencies), resiliency and protective factors.			
7	Non-Stigmatizing, Empowerment-Focused Engagement: Peers avoid clinical diagnostic deficit models, and practice strength-based, youth-led decision-making. Peers avoid punitive models, including shame, guilt and judgement, while simultaneously prioritizing physical/emotional safety, consistency and wellness. Peers include reward models vs. punitive, such as EBP contingency management, token economies, and positive-peer culture service and leadership models.	Content Validity Ratio 1.0	Necessity Mean 3.62 Clarity Mean 3.37	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.267
8	Culturally Affirming, Identity-Centered Support: Peers recognize intersectional identities (cultural, gender, and sexual identities, etc.) in recovery support service design, and foster belonging, self-efficacy, autonomy and self-determination.	Content Validity Ratio 1.0	Necessity Mean 3.37 Clarity Mean 3.37	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.553
9	Safe and Predictable Environments: Peers promote physical and emotional safety within the recovery support environment, consistency, and a welcoming design in all youth settings.	Content Validity Ratio 1.0	Necessity Mean 3.75 Clarity Mean 3.25	$\sigma^2$ Necessity 0.214 $\sigma^2$ Clarity 0.500
10	Relationship-focused and Relational Trust: Peers form respectful, non-authoritarian mentorships grounded in affective empathy and consistency, adapting their approach to each youth's preferences, values, culture, communication style, and developmental or cognitive needs.	Content Validity Ratio 1.0	Necessity Mean 3.87 Clarity Mean 3.75	$\sigma^2$ Necessity 0.125 $\sigma^2$ Clarity 0.214
11	Competence in Motivational Interviewing (MI): Peers apply MI across stages of change to reduce ambivalence and foster commitment. They reframe resistance and ambivalence into opportunities for autonomy and growth.	Content Validity Ratio 1.0	Necessity Mean 3.75 Clarity Mean 3.75	$\sigma^2$ Necessity 0.214 $\sigma^2$ Clarity 0.214
12	Self-Efficacy and Autonomy Reinforcement: Peers recognize and celebrate early successes and strengths with feedback, praise and celebration to enhance motivation and resilience.	Content Validity Ratio 1.0	Necessity Mean 3.62 Clarity Mean 3.62	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.267
13	Youth-Defined Goal Setting: Peers facilitate personally meaningful, values-aligned recovery plans. They foster intrinsic motivation and self-endorsed goals, especially with mandated youth. They advocate for shared decision-making among youth, families, and providers, and foster empowerment through leadership	Content Validity Ratio 1.0	Necessity Mean 3.62 Clarity Mean 3.25	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.707

	roles, service projects, youth-led events, and peer-run meetings.			
14	Outcome-Based Recovery Planning and Recalibration: Peers regularly adjust recovery support plans based on data; substance use, progress, school attendance, recovery-oriented changes in peer networks, family feedback, and shifting life circumstances.	Content Validity Ratio 1.0	Necessity Mean 3.62 Clarity Mean 3.62	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.267
15	Proactive Peer Network Mapping: Peers identify social networks that support adolescents' health, safety and recovery. Peers provide encouragement and linkages to social networks that foster belonging, meaning, identity and recovery.	Content Validity Ratio 1.0	Necessity Mean 3.75 Clarity Mean 3.75	$\sigma^2$ Necessity 0.214 $\sigma^2$ Clarity 0.214
16	Skill-Building for Assertiveness and Boundary Setting: Peers model and teach refusal skills, emotional expression, emotional regulation, effective communication, and conflict resolution. Peers model and teach assertiveness and relationship skills to support meaningful relationships and self-esteem.	Content Validity Ratio 1.0	Necessity Mean 3.62 Clarity Mean 3.50	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.571
17	Structured Youth Programming: Peers facilitate youth-led groups with staff supervision, accountability, and safety protocols. Peers model recovery norms through structured group facilitation, and structured activities.	Content Validity Ratio 0.75	Necessity Mean 3.37 Clarity Mean 3.25	$\sigma^2$ Necessity 0.553 $\sigma^2$ Clarity 0.500
18	Recovery Storytelling: Peers facilitate the use of narratives, youth leadership training and peer voice to challenge stigma, promote recovery, and reinforce shared identity.	Content Validity Ratio 1.0	Necessity Mean 3.50 Clarity Mean 3.25	$\sigma^2$ Necessity 0.285 $\sigma^2$ Clarity 0.785
19	Family Systems Involvement: Peers work within teams to proactively involve families/caregivers throughout the recovery support service and treatment continuum within the legal rights of the client. Peers include caregivers in recovery support planning, and aftercare. Peer teams understand and support linkages to evidence-based treatments for families (e.g., EBFT, MST, FFT, MDFT, BSFT, CRAFT, etc.) and mutual aid family support groups. Peers exercise compassionate, trauma-informed family communication. Peers do not collude with youth against families/caregivers or other providers.	Content Validity Ratio 1.0	Necessity Mean 3.50 Clarity Mean 3.12	$\sigma^2$ Necessity 0.285 $\sigma^2$ Clarity 0.982
20	Respect for Autonomy and Confidentiality: Peers ethically navigate privacy laws while maintaining collaborative family engagement. Peers establish boundaries and crisis protocols for sharing information regarding youth with family, in adherence with applicable laws. Peers establish these boundaries regarding potential disclosures,	Content Validity Ratio 1.0	Necessity Mean 4.00 Clarity Mean 3.25	$\sigma^2$ Necessity 0.000 $\sigma^2$ Clarity 0.500

	if any, at the beginning of recovery support services (this may include disclosures regarding substance use/relapses, or other potentially unsafe or risky behaviors).			
21	Co-Occurring Condition Integration: Peers recognize and support mental health and substance use services through coordinated, multi-disciplinary team-based, family and caregiver care.	Content Validity Ratio 1.0	Necessity Mean 3.37 Clarity Mean 3.37	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.267
22	Stepped Care and Service Modulation: Peers adjust intensity, frequency, and format of peer services based on real-time peer, clinical, youth and family/caregiver input.	Content Validity Ratio 1.0	Necessity Mean 3.37 Clarity Mean 3.50	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.285
23	Recovery-Aligned School Models: Peers support and develop recovery high schools or embed peer services within mainstream school settings. Peers educate faculty on substance use disorders, including how absenteeism and social withdrawal are behavioral health warning signs rather than the assumption of misconduct.	Content Validity Ratio 0.5	Necessity Mean 3.12 Clarity Mean 3.12	$\sigma^2$ Necessity 0.696 $\sigma^2$ Clarity 0.982
24	Academic-Recovery Coordination: Peers align educational and recovery goals to prevent conflict and promote coherence. Peers incorporate academics, recreation, service/leadership, and structured peer bonding into youth-centered schedules. Peers work to integrate SEL, cultural and identity pride, and trauma-informed learning within education systems.	Content Validity Ratio 1.0	Necessity Mean 3.62 Clarity Mean 3.12	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.982
25	Vocational and Independent Living Preparation: Peers help youth build skills and confidence for adulthood by teaching job readiness, exploring vocational and college opportunities, and coaching in financial literacy, housing, and accessing health services. Through modeling persistence and problem-solving, they support meaningful career and independent living goals.	Content Validity Ratio 1.0	Necessity Mean 3.62 Clarity Mean 3.37	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.553
26	Aftercare and Relapse Planning Built into Treatment and Peer Services: Peers work cooperatively with treatment teams to begin discharge preparation early, including follow-up, booster sessions (additional sessions during transitions or crises), and peer support contact.	Content Validity Ratio 0.75	Necessity Mean 3.75 Clarity Mean 3.62	$\sigma^2$ Necessity 0.500 $\sigma^2$ Clarity 0.267
27	Structured Alumni and Ongoing Mentorship Programs: Peers support maintaining recovery community ties through digital and in-person supports post-treatment.	Content Validity Ratio 0.75	Necessity Mean 3.37 Clarity Mean 3.37	$\sigma^2$ Necessity 0.553 $\sigma^2$ Clarity 0.267
28	Role and Identity Transformation Supports: Peers reinforce youth's growth, purpose,	Content Validity Ratio	Necessity Mean 3.50	$\sigma^2$ Necessity 0.571

	and belonging through ongoing recognition and celebration.	0.75	Clarity Mean 3.37	$\sigma^2$ Clarity 0.553
29	Environmental Recovery Planning: Peers recognize the need for youth to have safe housing, and they facilitate recovery peer engagement, event-based recovery activities, school connection, service/leadership, and structured routines conducive to recovery. Peers offer consistent access to recovery-aligned hobbies, wellness activities, recovery events, activities and leadership roles.	Content Validity Ratio 1.0	Necessity Mean 3.75 Clarity Mean 3.62	$\sigma^2$ Necessity 0.214 $\sigma^2$ Clarity 0.267
30	School & Community Advocacy: Peers promote SEL, substance use education, and recovery peer youth leadership opportunities in school prevention efforts and recovery advocacy endeavors. Peers engage youth as agents of cultural change through education and youth-led strategies.	Content Validity Ratio 0.00	Necessity Mean 2.75 Clarity Mean 3.00	$\sigma^2$ Necessity 0.785 $\sigma^2$ Clarity 0.571
31	Youth Recovery Case Management Teams: Peers link health, education, housing, justice, and peer supports in unified care teams. Peers use assertive outreach (texts, calls, home visits) to maintain engagement pre and post-discharge.	Content Validity Ratio 1.0	Necessity Mean 3.50 Clarity Mean 3.37	$\sigma^2$ Necessity 0.285 $\sigma^2$ Clarity 0.267
32	Clear Referral, Handoff, and Reentry Protocols: Peers practice standardized transitions and follow-up to avoid drop-offs between services or settings. Transition coordination includes both youth, caregivers and family.	Content Validity Ratio 1.0	Necessity Mean 3.75 Clarity Mean 3.50	$\sigma^2$ Necessity 0.214 $\sigma^2$ Clarity 0.285
33	Digital Infrastructure for Engagement and Monitoring: Peers use apps, HIPAA-compliant secure messaging (or insecure communication with authorized releases), and online tools for care continuity, tracking, and communication.	Content Validity Ratio 0.25	Necessity Mean 2.87 Clarity Mean 3.37	$\sigma^2$ Necessity 0.696 $\sigma^2$ Clarity 0.267
34	Youth Recovery-Oriented Systems of Care (ROSCs): Peers support youth-centered, scalable ecosystems integrating care, youth voice, and community alignment.	Content Validity Ratio 1.0	Necessity Mean 3.50 Clarity Mean 3.12	$\sigma^2$ Necessity 0.285 $\sigma^2$ Clarity 0.410
35	Support for Young-Adult “Near Peers”: Young-adult peers, “Near Peers” engage in support and training from team members and supervisors. Peers are embedded into youth systems as credible lived-experience role models and leaders. Peer teams focus on developing, supporting and training young-adult “near peers” (ages 18-25).	Content Validity Ratio 0.75	Necessity Mean 3.37 Clarity Mean 3.25	$\sigma^2$ Necessity 0.553 $\sigma^2$ Clarity 0.500
36	Staff Development and Competency-Based Supervision: Peers engage in ongoing training on adolescent development, motivational interviewing, trauma-informed care, identity development, and cultural humility. They	Content Validity Ratio 1.0	Necessity Mean 3.62 Clarity Mean 3.62	$\sigma^2$ Necessity 0.267 $\sigma^2$ Clarity 0.267

	support fidelity, quality improvement, and data-driven evaluation of evidence-based programs, and participate in supervision, audits, and reflective practice to maintain quality and adaptability.			
37	Youth and Family Participation in Governance: Peers encourage young people, family and caregivers to participate in leadership, policy design, and evaluation committees.	Content Validity Ratio 1.0	Necessity Mean 3.75 Clarity Mean 3.62	$\sigma^2$ Necessity 0.214 $\sigma^2$ Clarity 0.553
38	Workforce Diversity, Equity, and Retention Strategies: Peers support the recruitment, support, and advancement of a representative team with professional development pathways.	Content Validity Ratio 0.25	Necessity Mean 2.87 Clarity Mean 2.75	$\sigma^2$ Necessity 0.696 $\sigma^2$ Clarity 1.071
39	Policy Advocacy for Youth Recovery Equity: Peers influence reimbursement, youth infrastructure, and workforce policy toward long-term sustainability. Peers train systems partners on adolescent substance use and recovery.	Content Validity Ratio 0.50	Necessity Mean 3.25 Clarity Mean 3.12	$\sigma^2$ Necessity 0.785 $\sigma^2$ Clarity 0.982
40	Equity-Focused Data Collection and Analysis: Peers implement surveys, councils, and interviews to center youth voice in service refinement. Peers participate in tracking disaggregated outcomes by race, gender, geography, and other indicators of disparity. Peers participate in tracking social functioning, substance use, mental/emotional wellbeing, efforts towards educational and occupational goals, and proactive social connectedness as success indicators.	Content Validity Ratio 0.75	Necessity Mean 3.37 Clarity Mean 3.12	$\sigma^2$ Necessity 0.553 $\sigma^2$ Clarity 1.267

## Youth Peer Psychometric Examination Blueprint for a 50 Item Exam

Exam blueprinting is a best practice, required by credentialing standards (e.g., ANSI/ISO 17024, National Commission for Certifying Agencies – NCCA). Exam blueprinting ensures that there are representative questions distributed across domains by the necessity, importance or criticality of the items in each domain.

Standard formula for creating an exam blueprint.

$$N_i = \frac{W_i}{\sum W} \times T$$

Domain	Weight (Wi)	Wi / ΣW	Raw Allocation	Final Allocation
<b>DOMAIN I</b> Youth Integrated Outreach, Screening & Enrollment	3.578125	0.123439	6.171936	6
<b>DOMAIN II</b> Trauma-Informed, Youth-Centered, and Inclusive Care	3.65	0.125918	6.295914	6
<b>DOMAIN III</b> Peer Relationship and Motivational Enhancement	3.71875	0.12829	6.414502	7
<b>DOMAIN IV</b> Youth Peer Programming	3.5625	0.1229	6.144985	6
<b>DOMAIN V</b> Family Engagement, Integration and Parenting Support	3.75	0.129368	6.468405	7
<b>DOMAIN VI</b> Education, Vocational, and Life Skills Integration	3.625	0.125056	6.252791	6
<b>DOMAIN VII</b> Building Recovery Capital and Long-Term Support	3.571429	0.123208	6.160386	6
<b>DOMAIN VIII</b> Program Governance, Supervision and Fidelity	3.53125	0.121822	6.091081	6

# 30 Youth Peer Support Competencies

## Role Delineation Analysis

*SME Facilitators & Editors: Tony Vezina, BSW, CADC-I, CRM-II, Nicholas Crapser, Ph.D., LPC, CADC-III, & J. Thomas Shrewsbury, Ph.D., LCSW, CADC-III*

*RDA Psychometrist: Cynthia Beckworth, Ed.S.*

### I. Youth Outreach, Engagement & Screening

- Youth Outreach and Engagement:** Peers connect with youth across schools, hospitals, emergency departments, pediatric care, child welfare, houseless youth, adolescent treatment and juvenile justice programs. Leveraging their lived-systems-experience they build trust and link adolescents to services. Outreach may include brief, low-barrier supports—such as peer engagement, SBIRT, motivational interviewing, tele-engagement, and youth-appropriate harm reduction—to reduce obstacles to accessing the full



continuum of health and behavioral health care.

2. **Youth Risks Screening and Referral:** Using their lived-experience to reduce stigma and shame regarding substance use and mental health, peers have relationship-based conversations. They utilize validated age-appropriate screening tools, peers consider cognitive, emotional, and developmental information—such as trauma history, suicide risk, impulsivity, ACEs, and social determinants of health—to identify early risks and collaboratively connect youth to recovery supports, and treatment as needed.
3. **Substance Use Disorders and Mental Health:** Peers recognize the importance of screening and addressing both substance use disorders and mental health together through coordinated, team-based care, and family/caregiver involvement.
4. **Recovery Support Service Matching:** Peers explain the array of resources and service options, considering youth-driven goals and preferences aligning with youth needs, culture, identity, history of trauma, and readiness for change.

## II. Trauma-Informed, Youth-Centered, and Inclusive Care

5. **Universal Trauma-Informed Practice:** Peers embed trauma-responsive principles—safety, trust, empowerment—across all peer services and systems, including trauma-sensitive relapse and crisis planning.

6. **Developmentally & Culturally Aligned Peer Services:** Peers adapt and match peer support to the adolescent’s emotional, cultural, psychosocial, and cognitive developmental stages. They present a basic understanding of adolescent developmental stages, including developmental assets, resiliency and protective factors.



7. **Non-Stigmatizing, Empowerment-Focused Engagement:** Peers avoid clinical diagnostic deficit models, and practice strength-based, youth-led decision-making. Peers avoid punitive models, including the natural inclination to act as a surrogate parent often with shame, guilt and judgement. They prioritize physical/emotional safety,

consistency and wellness. Peers facilitate reward models vs. punitive structures, such as EBP contingency management, token economies, and positive-peer culture service and leadership models. Peers validate and normalize consumer recovery experiences and feelings, and help consumers to function as a member of their treatment/recovery support team (versus being a passive recipient of services).

8. **Culturally Affirming, Identity-Centered Support:** Peers recognize intersectional identities (cultural, gender, and sexual identities, etc.) in recovery support service design, and foster belonging, self-efficacy, autonomy and self-determination.
9. **Safe and Predictable Environments:** Peers ensure physical and emotional safety within the recovery support service environment, consistency, and a welcoming design in all youth settings. Peers recognize and respond to risk, crises and emergency indicators affecting consumer welfare and safety. They seek consultation and supervision in crisis and emergency situations.

### III. Peer Relationship and Motivational Enhancement

10. **Relationship-focused and Relational Trust:** Peers form respectful, non-authoritarian partnerships grounded in affective empathy, boundaries and consistency, adapting their approach to each youth's preferences, values, culture, communication style, and developmental or cognitive needs.
11. **Competence in Motivational Interviewing (MI):** Peers apply MI across stages of change to reduce ambivalence and foster commitment. They reframe resistance and ambivalence into opportunities for autonomy and growth.

12. **Self-Efficacy and Autonomy Reinforcement:**  
Peers recognize and celebrate early successes with feedback, praise and celebration to enhance motivation and resilience. They instill hope and foster empowerment through leadership roles, service projects, youth-led events, and peer-run groups.



13. **Recovery Planning and Youth-Defined Goal Setting:** Peers facilitate

personally meaningful, individual values-aligned recovery plans. They advocate for youth and support shared decision-making among youth, families and providers. They foster intrinsic motivation and self-endorsed goals, especially with mandated youth. They regularly reevaluate recovery support planning based on data; wellness, substance use, progress toward self-identified goals, school attendance, recovery-oriented changes in peer networks (APGs - Alternative Peer Groups), family input, and shifting life circumstances.

## IV. Youth Peer Programming

14. **Proactive Peer Network Mapping:** Peers identify social networks (APGs) that support adolescent health, safety and recovery. Peers provide encouragement and linkages to social networks that foster belonging, meaning, identity and recovery.

15. **Skill-Building for Assertiveness and Boundary Setting:** Peers model and teach refusal skills, emotional expression, emotional regulation, effective communication, and conflict resolution. They model and teach assertiveness and relationship skills to support meaningful relationships and self-esteem.



16. **Structured Groups and Activities:** Peers supervise youth-led groups, facilitating accountability, and safety protocols to ensure the wellbeing of all youth participating in groups.

Peers model recovery norms and rituals through structured group facilitation, and structured activities.

17. **Recovery Storytelling:** Peers facilitate the use of narratives within youth leadership training and the importance of peer voice to challenge stigma, instill hope, promote recovery, and reinforce a shared recovery identity.

## V. Family Engagement, Integration and Parenting Support

18. **Family Systems Involvement:** Peers proactively involve families/caregivers throughout the recovery support and treatment continuum, with respects to the legal rights of adolescent

clients. Peers include family/caregivers in recovery support planning, and aftercare. Peers have a basic awareness and make referrals to youth specific SUD evidence-based treatments for families (e.g., EBFT, MST, FFT, MDFT, BSFT, CRAFT, etc.) and mutual aid family support groups. Peers exercise compassionate, trauma-informed family communication.

19. **Respect for Autonomy and Confidentiality:** Peers maintain strict confidentiality of youth they support. Simultaneously, peers do not collude with youth against families/caregivers or other youth-system providers. Peers ethically navigate privacy laws while maintaining collaborative family engagement. Peers establish boundaries and crisis protocols for sharing information regarding youth with family or other youth-system providers. Peers establish these boundaries regarding potential disclosures at the beginning of recovery support services (depending on the nature of services this may include disclosures regarding substance use/relapses, or other potentially unsafe or risky behaviors, and Mandatory Reporting obligations).



## VI. Education, Vocational, and Life Skills Integration

20. **Academic-Recovery Coordination:** Peers align and support both educational and recovery goals. Peers incorporate academics, recreation, service/leadership, and structured peer bonding into youth-centered schedules.
21. **Vocational and Independent Living Preparation:** Peers help youth build skills and confidence for adulthood by teaching job readiness, exploring vocational and college opportunities, and coaching in financial literacy, housing, and accessing health services. Through modeling persistence and problem-solving, they support self-advocacy, meaningful career and independent living goals.



## VII. Building Recovery Capital and Long-Term Support

22. **Youth Recovery Case Management Teams:** Peers link health, education, housing, juvenile justice, and peer supports in unified care teams. Peers use assertive outreach, including use of HIPAA-compliant apps (texts, calls, home visits) to maintain engagement pre and post-discharge. They work within teams to promote youth-centered ROSC and are advocates for youth integrating care, voice and community alignment.

23. **Environmental Recovery Planning:**

Peers promote protective housing, recovery peer engagement, event-based recovery activities, school connection, service/leadership, and structured routines conducive to recovery. They offer consistent access to recovery-aligned hobbies, wellness activities, recovery events, and leadership roles. They explore recovery options with youth including “many pathways”, highlighting the continuum of the Social Model of Recovery present in virtually all pathways of recovery.



24. **Stepped Care and Service Modulation:** Peers adjust intensity, frequency, and format of peer services based on real-time peer, clinical, youth and family/caregiver input. They work cooperatively with treatment teams to begin discharge preparation early, including follow-up, booster sessions, and follow-up peer support contact.

25. **Structured Alumni and Ongoing Mentorship:** Peers reinforce adolescent growth, purpose, and belonging through ongoing recognition and celebration. They support maintaining recovery community ties through digital and in-person supports post-treatment.

26. **Clear Referral, Handoff, and Reentry Protocols:** Peers practice standardized transitions and follow-up to avoid drop-offs between services or settings. Transition coordination includes youth and their family/caregivers.

## VIII. Program Governance, Supervision and Fidelity

27. **Specialized Support for Young-Adult “Near Peers”:** Young-adult peers, “Near Peers” (ages 18-25) engage in support and receive training from team members and supervisors. They are embedded into youth systems as credible lived-experience role models and leaders. Peer teams focus on developing, supporting and training young-adult “Near Peers” and are sensitive to their special needs and experiences in the workplace.

28. **Staff Development and Competency-**

**Based Supervision:** Peers engage in ongoing training regarding documentation, boundaries, professional ethics, legal compliance, adolescent development, motivational interviewing, trauma-informed care, identity development, and cultural humility. They support fidelity, quality improvement, and data-driven evaluation of evidence-based programs, and participate in supervision, audits, and reflective practice to maintain quality and adaptability.



29. **Youth and Family Participation in Governance:** Peers embed adolescent consumers, family and caregivers in program leadership, policy design, and evaluation committees.

30. **Data Collection and Analysis:** Peers implement surveys, committees, and client feedback to center “youth voice” in service refinement. Peers participate in tracking disaggregated outcomes by race, gender, geography, and other indicators of disparity. Peers participate in tracking social functioning, substance use, mental/emotional wellbeing, efforts towards educational and occupational goals, and proactive social connectedness as success indicators.

# Appendix 1: Bibliography

1. Abdel-Salam S. Self-control as a predictor of relapse and recidivism in adolescent therapeutic community treatment. *Subst Use Misuse*. 2013 Jan;48(1-2):157-72. doi: 10.3109/10826084.2012.742544. Epub 2012 Nov 26. PMID: 23181932.
2. Abrahams, I., & King, J. (2009). *The recovery revolution: Will it include children, adolescents, and transition age youth?* Philadelphia, PA: Department of Behavioral Health and Mental Retardation Services.
3. Abrams, Z. (2024, March 1). More teens than ever are overdosing: Psychologists are leading new approaches to combat youth substance misuse. *Monitor on Psychology*, 55(2), 48.
4. Acevedo A, Harvey N, Kamanu M, Tendulkar S, Fleary S. Barriers, facilitators, and disparities in retention for adolescents in treatment for substance use disorders: a qualitative study with treatment providers. *Subst Abuse Treat Prev Policy*. 2020 Jun 18;15(1):42. doi: 10.1186/s13011-020-00284-4. PMID: 32552836; PMCID: PMC7302144.
5. Adekeye, O. T., & Exten, C. (2025). Exploring the Impact of Social Media on E-Cigarette Usage Among Adolescents: A Scoping Review. *Journal of Child & Adolescent Substance Use*, 1–16. <https://doi.org/10.1080/29973368.2025.2488837>
6. Adekeye, O. T., Boltz, M., Jao, Y. L., Branstetter, S., & Exten, C. (2025). Vaping in the Digital Age: How Social Media Influences Adolescent Attitudes and Beliefs About E-Cigarette Use. *Journal of Child & Adolescent Substance Use*, 30(1), 13–26. <https://doi.org/10.1080/1067828X.2024.2439599>
7. Agniel, D., Almirall, D., Burkhart, Q., Grant, S., Hunter, S. B., Pedersen, E. R., Ramchand, R., & Griffin, B. A. (2020). Identifying optimal level-of-care placement decisions for adolescent substance use treatment. *Drug and Alcohol Dependence*, 213, 107991. <https://doi.org/10.1016/j.drugalcdep.2020.107991>
8. Agrawal, A., Balasubramanian, S., Smith, E. K., Madden, P. A., Bucholz, K. K., Heath, A. C., & Lynskey, M. T. (2010). Peer substance involvement modifies genetic influences on regular substance involvement in young women. *Addiction*, 105(10), 1844-53.
9. Akkala, S., Mehta, U., Nikhil Pavaskar, R., Gallardo, K. R., Lewis, J., McCurdy, S., & Wilkerson, J. M. (2025). Alternative Peer Groups (APGs) in adolescent substance use disorder recovery: an insight into services and the need for robust infrastructure. *Journal of Substance Use*, 1–7. <https://doi.org/10.1080/14659891.2025.2474933>
10. Akosile, W., Bor, W., Tilse, A., Hunt, G., Rushton, A., McDermott, B., ... McBride, M. (2023). Predictors of completion of an adolescent residential alcohol and other drug withdrawal program. *Journal of Substance Use*, 29(2), 327–333. <https://doi.org/10.1080/14659891.2023.2166608> Albrecht, S., Stone, C., Payne, L., & Reynolds, M., (1998). A preliminary study of the use of peer support in smoking cessation programs for pregnant adolescents. *Journal of the American Academy of Nurse Practitioners*, 10(3), 110–125.
11. Alemu BT, Young B, Beydoun HA, Olayinka O. Substance Use Disorder among Hospitalized Adolescents in North Carolina. *South Med J*. 2022 Aug;115(8):616-621. doi: 10.14423/SMJ.0000000000001426. PMID: 35922048.
12. Alford, G. S., Koehler, R. A., & Leonard, J. (1991). Alcoholics Anonymous Narcotics Anonymous model inpatient treatment of chemically dependent adolescents: A 2-year outcome study. *Journal of Studies on Alcoholics*, 52, 118-126.
13. Alford, G. S., Koehler, R. A., & Leonard, J. (1991). Alcoholics Anonymous Narcotics Anonymous model inpatient treatment of chemically dependent adolescents: A 2-year outcome study. *Journal of Studies on Alcoholics*, 52, 118-126.
14. Ali, M. M., Amialchuk, A., & Nikaj, S. (2014). Alcohol consumption and social network ties among adolescents: evidence from Add Health. *Addictive Behaviors*, 39(5), 918–922.
15. Ammerman, B. A., Steinberg, L., & McCloskey, M. S. (2016). Risk-Taking Behavior and Suicidality: The Unique Role of Adolescent Drug Use. *Journal of Clinical Child & Adolescent Psychology*, 47(1), 131–141. <https://doi.org/10.1080/15374416.2016.1220313>
16. Amin, U., Arshad, A., & Siddique, M. M. (2025). Psychiatric Complications in Adolescent Methamphetamine Use in Pakistan: A Case Series. *Journal of Child & Adolescent Substance Use*, 30(2), 64–71. <https://doi.org/10.1080/29973368.2025.2453212>

17. Anderberg, M., Dahlberg, M., & Wennberg, P. (2021). Adolescents with substance abuse problems in outpatient treatment: A one-year prospective follow-up study. *Nordic Studies on Alcohol and Drugs*, 38(5), 466–479. <https://doi.org/10.1177/1455072521995611>
18. Arellano, R. A. B., Jandoc, K., & Ramos, Y. A. G. (2020). Do Mothers' Status, Autonomy, and Parenting Style Influence Their Children's Initiation Into Smoking and Alcohol Use? *Journal of Child & Adolescent Substance Abuse*, 29(2), 181–188. <https://doi.org/10.1080/1067828X.2021.1922324>
19. Bachrach RL, Chung T. Moderators of Substance Use Disorder Treatment for Adolescents. *J Clin Child Adolesc Psychol*. 2021 Jul-Aug;50(4):498-509. doi: 10.1080/15374416.2020.1790379. Epub 2020 Jul 27. PMID: 32716211; PMCID: PMC7855225.
20. Baggio, S., Mohler-Kuo, M., Dupuis, M., Henchoz, Y., Studer, J., N'Goran, A. A., & Gmel, G. (2016). Substance use capital: Social resources enhancing youth substance use. *Revue d'epidemiologie et de sante publique*, 64(4), 255–262. <https://doi.org/10.1016/j.respe.2016.01.101>
21. Barber, B. L., Eccles, J. S., & Stone, M. R. (2001). Whatever happened to the jock, the brain, and the princess? Young adult pathways linked to adolescent activity involvement and social identity. *Journal of Adolescent Research*, 16(5), 429–455.
22. Barton, J., & Henderson, J. (n.d.). Peer support and youth recovery: A brief review of the theoretical underpinnings and evidence. *Canadian Journal of Family and Youth*. <https://doi.org/10.29173/cjfy27140>
23. Barr, H. K., Clements-Nolle, K., Lensch, T., & Yang, W. (2024). Risk and Protective Factors for Driving Under the Influence of Alcohol, Marijuana, and Both Substances in a Population-Based Sample of High School Students. *Journal of Child & Adolescent Substance Use*, 30(1), 2–12. <https://doi.org/10.1080/1067828X.2024.2391127>
24. Bass, D. (1992). *Helping vulnerable youths: Runaway and homeless adolescents in the United States*. National Association of Social Workers Press.
25. Battjes, R. J., Gordon, M. S., O'Grady, K. E., & Kinlock, T. W. (2004). Predicting retention of adolescents in substance abuse treatment. *Addictive behaviors*, 29(5), 1021–1027. <https://doi.org/10.1016/j.addbeh.2004.02.054>
26. Bauman, K. E., & Ennett, S. T. (1996). On the importance of peer influence for adolescent drug use: commonly neglected considerations. *Addiction (Abingdon, England)*, 91(2), 185–198.
27. Baumrind, D., & Moselle, K. A. (1985). A developmental perspective on adolescent drug abuse. *Advances in Alcohol and Substance Abuse*, 4(3–4), 41–67.
28. Becker, S. J., Marceau, K., Helseth, S. A., Hernandez, L., & Spirito, A. (2022). Predictors and moderators of response to brief interventions among adolescents with risky alcohol and marijuana use. *Substance Abuse*, 43(1), 83–91. <https://doi.org/10.1080/08897077.2020.1742271>
29. Beckmann D, Lowman KL, Nargiso J, McKowen J, Watt L, Yule AM. Substance-induced Psychosis in Youth. *Child Adolesc Psychiatr Clin N Am*. 2020 Jan;29(1):131-143. doi: 10.1016/j.chc.2019.08.006. Epub 2019 Sep 23. PMID: 31708042; PMCID: PMC8961695.
30. Bekkering, G. E., Marien, D., Parylo, O., & Hannes, K. (2016). The effectiveness of self-help groups for adolescent substance misuse: A systematic review. *Journal of Child & Adolescent Substance Abuse*, 25(3), 229–244. <https://doi.org/10.1080/1067828X.2014.981772>
31. Bilgiç, B., Güvenir, T., & Sargin, E. (2024). The efficiency of treatment practices in adolescents diagnosed with substance use disorder. *Journal of Ethnicity in Substance Abuse*. Advance online publication. <https://doi.org/10.1080/15332640.2024.2414457>
32. Black, J. J., & Chung, T. (2014). Mechanisms of change in adolescent substance use treatment: How does treatment work? *Substance Abuse*, 35(4), 344–351. <https://doi.org/10.1080/08897077.2014.925029>
33. Bobakova, D., Madarasova Geckova, A., Reijneveld, S. A., & van Dijk, J. P. (2012). Subculture affiliation is associated with substance use of adolescents. *European Addiction Research*, 18(2), 91–96.
34. Bomysoad RN, Francis LA. Adverse Childhood Experiences and Mental Health Conditions Among Adolescents. *J Adolesc Health*. 2020 Dec;67(6):868-870. doi: 10.1016/j.jadohealth.2020.04.013. Epub 2020 Jun 20. PMID: 32576484.
35. Braciszewski, J. M., & Stout, R. L. (2012). Substance use among current and former foster youth: A systematic review. *Children and Youth Services Review*, 34(12), 2337–2344.

36. Bradford, S., & Rickwood, D. (2015). Acceptability and utility of an electronic psychosocial assessment (MyAssessment) to increase self-disclosure in youth mental healthcare: A quasi-experimental study. *BMC Psychiatry*, 15, 305. <https://doi.org/10.1186/s12888-015-0694-4>
37. Brinson, J. A. (1995). Group work for adolescent substance users: Some issues and recommendations. *Journal of Child and Adolescent Substance Abuse*, 4(2), 49–60. [https://doi.org/10.1300/J029v04n02\\_04](https://doi.org/10.1300/J029v04n02_04)
38. Brobakke, S. K., Drageset, J., Andersen, A. I. O., & Skogen, J. C. (2025). Association Between Social Media as a Stressor and Illegal Drug Use Among Adolescents in Norway: Findings from the “LifeOnSoMe”-Study. *Journal of Child & Adolescent Substance Use*, 30(3), 103–118. <https://doi.org/10.1080/29973368.2025.2485031>
39. Brodey, B. B., McMullin, D., Kaminer, Y., Winters, K. C., Rosen, C. S., Stinchfield, R., & Schoenwald, S. K. (2008). Psychometric characteristics of the Teen Addiction Severity Index-Two (T-ASI-2). *Substance Abuse*, 29(2), 19–32. <https://doi.org/10.1080/08897070802092942>
40. Brown, J., Andrade, J., Whalley, B., & May J. (2015). Playing Tetris decreases drug and other cravings in real world settings. *Addictive Behaviors*, 51, 165-170. doi: 10.1016/j.addbeh.2015.07.020
41. Brown, S. A. (1993). Recovery patterns in adolescent substance abuse. In J. S. Baer, G. A. Marlatt, & R. J. McMahon (Eds.), *Addictive behaviors across the life span* (pp. 161–183). Sage Publications.
42. Brown, S.A.; Vik, P.W.; and Creamer, V.A. Characteristics of relapse following adolescent substance abuse treatment. *Addictive Behaviors* 14:291-300, 1989.
43. Buckley, L., Sheehan, M., & Chapman, R. (2009). Adolescent protective behavior to reduce drug and alcohol use, alcohol-related harm and interpersonal violence. *Journal of Drug Education*, 39(3), 289–301.
44. Bukstein, O. (1997). Practice parameters for the assessment and treatment of children and adolescents with substance use disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(10, Suppl.), 140S–156S.
45. Bukstein, O. (1995). *Adolescent substance abuse: Assessment, prevention, and treatment*. John Wiley & Sons.
46. Bukstein, O. (1994). Treatment of adolescent alcohol abuse and dependence. *Alcohol Health & Research World*, 18, 296–301.
47. Bunts, W., West-Bey, N., & Mitchell, K. (2020). 10 Core Competencies for Youth and Young Adult Centered Mental Health Systems, CLASP.org
48. Butman, M. (2009). Peer mentoring: Real recovery for young adults. *Focal Point*, 23(2), 28–31.
49. Cappelli, M., Davidson, S., Racek, J., Leon, S., Vloet, M., Tataryn, K., Gillis, K., Freeland, A., Carver, J., Thatte, S., & Lowe, J. (2014). Transitioning Youth into Adult Mental Health and Addiction Services: An Outcomes Evaluation of the Youth Transition Project. *The Journal of Behavioral Health Services & Research*, 1-14. doi:10.1007/s11414-014-9440-9
50. Carney, A., Kaaya, S., Kajula, L., Ibitoye, M., Marwerwe, G., & Sommer, M. (2020). ‘Most of the Youth Are Drinking Because They Have Nothing to Do’: How Idle Time Facilitates Adolescent Alcohol Use in Urban Tanzania. *Journal of Child & Adolescent Substance Abuse*, 29(2), 129–142. <https://doi.org/10.1080/1067828X.2021.1888169>
51. Casanueva, C. Stambaugh, L., Urato, M., Goldman Fraser, J., & Williams, J. (2011). Lost in transition: Illicit substance use and services receipt among at-risk youth in the child welfare system. *Children and Youth Services Review*, 33(10), 1939-1949.
52. Castaño Ramírez, Ó. M., Vélez Álvarez, C., González Giraldo, S., Vargas Valencia, K., Londoño Velásquez, L. C., Grand Jaramillo, V., ... Hoyos Ossa, M. (2025). Effectiveness of Mindfulness-Based Interventions in Adolescents with Substance Use Disorders: A Scoping Review. *Journal of Child & Adolescent Substance Use*, 1–9. <https://doi.org/10.1080/29973368.2025.2502624>
53. Cavanaugh, D., Goldman, S., Friesen, B., & Lan Le, M. P. A. (2009). *Designing a Recovery-Oriented Care Model for Adolescents and Transition Age Youth with Substance Use or Co-Occurring Mental Health Disorders*. Rockville, MD: Substance Abuse and Mental Health Services Administration, USDHHS. Retrieved 39 from [http://gucchdtacenter.georgetown.edu/resources/Recovery\\_Report\\_Adolescents](http://gucchdtacenter.georgetown.edu/resources/Recovery_Report_Adolescents), 20, 20.
54. Cederlöf M, Kuja-Halkola R, Larsson H, Sjölander A, Östberg P, Lundström S, Kelleher I, Lichtenstein P. A longitudinal study of adolescent psychotic experiences and later development of substance use disorder and suicidal behavior. *Schizophr Res*. 2017 Mar;181:13-16. doi: 10.1016/j.schres.2016.08.029. Epub 2016 Sep 5. PMID: 27615409.

55. Champion, K. E., Newton, N. C., Barrett, E. L., & Teesson, M. (2013). A systematic review of school-based alcohol and other drug prevention programs facilitated by computers or the internet. *Drug and Alcohol Review*, 32(2), 115-123.
56. Charach A, Yeung E, Climans T, Lillie E. Childhood attention-deficit/hyperactivity disorder and future substance use disorders: comparative meta-analyses. *J Am Acad Child Adolesc Psychiatry*. 2011 Jan;50(1):9-21. doi: 10.1016/j.jaac.2010.09.019. Epub 2010 Dec 3. PMID: 21156266.
57. Chen, G., Elisha, E., Timor, U., & Ronel, N. (2015). Why Do Adolescents Drop Out of a Therapeutic Community for People With Drug Addiction? *Journal of Child & Adolescent Substance Abuse*, 25(1), 65–77. <https://doi.org/10.1080/1067828X.2014.918002>
58. Christie, G. I. G., Bavin, L. M., & Wills, S. (2018). Can we predict which adolescents will engage in outpatient substance abuse treatment? *Substance Abuse: Research and Treatment*, 12, 1–9. <https://doi.org/10.1177/1178221818762802>
59. Chung, T., & Maisto, S. A. (2006). Relapse to alcohol and other drug use in treated adolescents: Review and reconsideration of relapse as a change point in clinical course. *Clinical Psychology Review*, 26(2), 149-161.
60. Chung, T., Sealy, L., Abraham, M., Ruglovsky, C., Schall, J., & Maisto, S. A. (2015). Personal network characteristics of youth in substance use treatment: Motivation for and perceived difficulty of positive network change. *Substance Abuse*, 36(3), 380-8.
61. Cicchetti, D., & Rogosch, F. A. (1999). Psychopathology as Risk for Adolescent Substance Use Disorders: A Developmental Psychopathology Perspective. *Journal of Clinical Child Psychology*, 28(3), 355–365. <https://doi.org/10.1207/S15374424jccp280308>
62. Clark, D. B., Parker, A. M., & Lynch, K. G. (1999). Psychopathology and Substance-Related Problems During Early Adolescence: A Survival Analysis. *Journal of Clinical Child Psychology*, 28(3), 333–341. <https://doi.org/10.1207/S15374424jccp280305>
63. Collier, C., Hilliker, R., & Onwuegbuzie, A. (2014). Alternative peer group: A model for youth recovery. *Journal of Groups in Addiction & Recovery*, 9, 40–53. doi:10.1080/1556035X.2013.836899
64. Collier, C., Hilliker, R., & Onwuegbuzie, A. (2014). Alternative peer group: A model for youth recovery. *Journal of Groups in Addiction & Recovery*, 9, 40–53. doi:10.1080/1556035X.2013.836899
65. Godley, M. D., Garner, B. R., Smith, J. E., Meyers, R. J., & Godley, S. H. (2016). Continuing care for adolescents in treatment for substance use disorders. *Child and Adolescent Psychiatric Clinics of North America*, 25(3), 549–565. <https://doi.org/10.1016/j.chc.2016.06.003>
66. Cook, S. H., Bauermeister, J. A., Gordon-Messer, D., & Zimmerman, M. A. (2013). Online network influences on emerging adults' alcohol and drug use. *Journal of Youth and Adolescence*, 42(11), 1674-86.
67. Crowley, T. J., & Riggs, P. D. (1995). Adolescent substance use disorder with conduct disorder and comorbid conditions. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions* (pp. 49–111). National Institute on Drug Abuse. (NIDA Research Monograph Series No. 156)
68. Dasinger, L. K., Shane, P. A., & Martinovich, Z. (2004). Assessing the effectiveness of community-based substance abuse treatment for adolescents. *Journal of Psychoactive Drugs*, 36(1), 27-33.
69. Davis, J. P., Dumas, T. M., Wagner, E. F., & Merrin, G. J. (2016). Social Ecological Determinants of Substance Use Treatment Entry Among Serious Juvenile Offenders From Adolescence Through Emerging Adulthood. *Journal of substance abuse treatment*, 71, 8–15. <https://doi.org/10.1016/j.jsat.2016.08.004>
70. Davis, J. P., Christie, N. C., Dworkin, E. R., Prindle, J., Dumas, T. M., DiGuseppi, G., Helton, J. J., & Ring, C. (2019). Influences of victimization and comorbid conditions on latency to illicit drug use among adolescents and young adults. *Drug and Alcohol Dependence*, 205, 107721. <https://doi.org/10.1016/j.drugalcdep.2019.107721>
71. de Beer, C.R.M., Nootboom, L.A., van Domburgh, L. et al. A systematic review exploring youth peer support for young people with mental health problems. *Eur Child Adolesc Psychiatry* 33, 2471–2484 (2024). <https://doi.org/10.1007/s00787-022-02120-5>
72. De Leon, G., & Deitch, D. (1985). Treatment of the adolescent substance abuser in a therapeutic community. In *Treatment services for adolescent substance abusers*. NIDA Research Monograph, DHHS Publication No. (ADM) 85 1342. Rockville, MD: NIDA.

73. De Micheli D, Andrade ALM, Galduróz JC. Limitations of DSM-5 diagnostic criteria for substance use disorder in adolescents: what have we learned after using these criteria for several years? *Braz J Psychiatry*. 2021 Jul-Aug;43(4):349-350. doi: 10.1590/1516-4446-2020-1151. PMID: 33053045; PMCID: PMC8352726.
74. De Miranda, J., Williams, G. (2011). Youth in Recovery, April 2011, Volume 18(2), *The Prevention Researcher*
75. Delaney, D., Balestrieri, S. G., Bassett, S. S., & Stein, L. A. R. (2020). A Brief Screen to Detect Cannabis Use Disorder Among Incarcerated Youth. *Journal of Child & Adolescent Substance Abuse*, 29(3), 189–196. <https://doi.org/10.1080/1067828X.2021.1943587>
76. Demirezen, D., Karaca, A., Konuk Sener, D., & Ankarali, H. (2019). Agents of Change: The Role of the Peer Education Program in Preventing Adolescent Substance Abuse. *Journal of Child & Adolescent Substance Abuse*, 28(5), 376–387. <https://doi.org/10.1080/1067828X.2020.1766618>
77. Dennis, M. L., Godley, S. H., Diamond, G. S., Tims, F. M., Babor, T., Donaldson, J., Liddle, H., Titus, J.C., Kaminer, Y., Webb, C., Hamilton, N., & Funk, R. R. (2004). The Cannabis Youth Treatment (CYT) Study: Main findings from two randomized trials. *Journal of Substance Abuse Treatment*, 27, 197-213. doi:10.1016/j.jsat.2003.09.005
78. Dennis, M. L., Ives, M. L., White, M. K., & Muck, R. D. (2008). The Strengthening Communities for Youth (SCY) initiative: a cluster analysis of the services received, their correlates and how they are associated with outcomes. *Journal of psychoactive drugs*, 40(1), 3–16. <https://doi.org/10.1080/02791072.2008.10399757>
79. Dermatis, H., Galanter, M., Trujillo, M., Rahman-Dujarric, C., Ramaglia, K., & LaGressa, D. (2006). Evaluation of a model for the treatment of combined mental illness and substance abuse: the Bellevue model for peer-led treatment in systems change. *Journal of addictive diseases*, 25(3), 69–78. [https://doi.org/10.1300/J069v25n03\\_09](https://doi.org/10.1300/J069v25n03_09)
80. DiGuseppi, G. T., Davis, J. P., Leightley, D., & Rice, E. (2020). Predictors of Adolescents' First Episode of Homelessness Following Substance Use Treatment. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 66(4), 408–415. <https://doi.org/10.1016/j.jadohealth.2019.11.312>
81. Di Noia, J., Schwinn, T. M., Dastur, Z. A., & Schinke, S. P. (2003). The relative efficacy of pamphlets, CD ROM, and the Internet for disseminating adolescent drug abuse prevention programs: An exploratory study. *Preventive Medicine*, 37(6 Pt. 1), 646-653.
82. Diamond, G. M., & Liddle, H. A. (1997, June). Improving initially poor therapist–adolescent therapeutic alliances: A process study [Conference presentation]. Society for Psychotherapy Research Annual Meeting, Santa Fe, NM.
83. Dingle, G. A., Stark, C., Cruwys, T., & Best, D. (2015). Breaking good: breaking ties with social groups may be good for recovery from substance misuse. *British Journal of Social Psychology*, 54(2), 236-54
84. Dishion, T. J., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. *American Psychologist*, 54(9)
85. Dora-Laskey, A. D., Goldstick, J. E., Buckley, L., Bonar, E. E., Zimmerman, M. A., Walton, M. A., Cunningham, R. M., & Carter, P. M. (2020). Trajectories of Driving after Drinking among Marijuana-Using Youth in the Emergency Department: Substance Use, Mental Health, and Peer and Parental Influences. *Substance use & misuse*, 55(2), 175–187. <https://doi.org/10.1080/10826084.2019.1660675>
86. Dubowitz H, Roesch S, Lewis T. Child Maltreatment, Early Adult Substance Use, and Mediation by Adolescent Behavior Problems. *Child Maltreat*. 2021 May;26(2):238-248. doi: 10.1177/1077559520941919. Epub 2020 Jul 22. PMID: 32696651.
87. Dugdale, S., Elison, S., Davies, G., Ward, J., & Dalton, M. (2016). Using the transtheoretical model to explore the impact of peer mentoring on peer mentors. *Journal of Groups in Addiction & Recovery*, 11(3), 166-181. DOI:10.1080/1556035X.2016.1177769
88. Duncan, S. C., Gau, J. M., Duncan, T. E., & Strycker, L. A. (2011). Development and correlates of alcohol use from ages 13-20. *Journal of Drug Education*, 41(3), 235-52
89. Duncan, T. E., Duncan, S. C., Beauchamp, N., Wells, J., & Ary, D. V. (2000). Development and evaluation of an interactive CD-ROM refusal skills program to prevent youth substance use: “Refuse to use.” *Journal of Behavioral Medicine*, 23(1), 59-72.
90. Eddie, D., Prindle, J., Somodi, P., Gerstmann, I., Dilkina, B., Saba, S. K., DiGuseppi, G., Dennis, M., & Davis, J. P. (2024). Exploring predictors of substance use disorder treatment engagement with machine learning: The impact of social determinants of health in the therapeutic landscape. *Journal of substance use and addiction treatment*, 164, 209435. <https://doi.org/10.1016/j.josat.2024.209435>

91. Eekhoudt, C. R., Sandhu, M., Mniszak, C., Goodyear, T., Turuba, R., Marchand, K., Barbic, S., & Fast, D. (2024). Looking beyond drugs: A scoping review of recovery in the context of illicit substance use among adolescents and young adults. *The International journal on drug policy*, 133, 104598. <https://doi.org/10.1016/j.drugpo.2024.104598>
92. Eisenberg, D., Golberstein, E., & Whitlock, J. L. (2014). Peer effects on risky behaviors: New evidence from college roommate assignments. *Journal of Health Economics*, 33, 126-38.
93. Eisman, A. B., Hubbell, A., & Boyd, C. J. (2025). Michigan High School Opioid Misuse Prevention Education (M-HOPE): Adapting a Health Curriculum to Address Substance Misuse Risk. *Journal of Child & Adolescent Substance Use*, 1-9. <https://doi.org/10.1080/29973368.2025.2502878>
94. Eisman, A. B., Lee, D. B., Hsieh, H. F., Stoddard, S. A., & Zimmerman, M. A. (2018). More Than Just Keeping Busy: The Protective Effects of Organized Activity Participation on Violence and Substance Use Among Urban Youth. *Journal of youth and adolescence*, 47(10), 2231-2242. <https://doi.org/10.1007/s10964-018-0868-8>
95. Estévez, A., Jáuregui, P., Sánchez-Marcos, I., López-González, H., & Griffiths, M. D. (2017). Attachment and emotion regulation in substance addictions and behavioral addictions. *Journal of behavioral addictions*, 6(4), 534-544. <https://doi.org/10.1556/2006.6.2017.086>
96. Etami Y, Lildharrie C, Manza P, Wang GJ, Volkow ND. Neuroimaging in Adolescents: Post-Traumatic Stress Disorder and Risk for Substance Use Disorders. *Genes (Basel)*. 2023 Nov 23;14(12):2113. doi: 10.3390/genes14122113. PMID: 38136935; PMCID: PMC10743116.
97. Fadus MC, Squeglia LM, Valadez EA, Tomko RL, Bryant BE, Gray KM. Adolescent Substance Use Disorder Treatment: an Update on Evidence-Based Strategies. *Curr Psychiatry Rep*. 2019 Sep 14;21(10):96. doi: 10.1007/s11920-019-1086-0. PMID: 31522280; PMCID: PMC7241222.
98. Felton, J. W., Shadur, J. M., Havewala, M., Gonçalves, S., & Lejuez, C. W. (2019). Impulsivity Moderates the Relation between Depressive Symptoms and Substance Use across Adolescence. *Journal of Clinical Child & Adolescent Psychology*, 49(3), 365-377. <https://doi.org/10.1080/15374416.2018.1537189>
99. Farrell, A. D., & Danish, S. J. (1993). Peer drug associations and emotional restraint: Causes and consequences of adolescent drug use? *Journal of Consulting and Clinical Psychology*, 61(2), 327-334. <https://doi.org/10.1037/0022-006X.61.2.327>
100. Fergusson, D.M., Swain-Campbell, N.R. & Horwood, L.J. Deviant Peer Affiliations, Crime and Substance Use: A Fixed Effects Regression Analysis. *J Abnorm Child Psychol* 30, 419-430 (2002). <https://doi.org/10.1023/A:1015774125952>
101. Feske, U., Tarter, R. E., Kirisci, L., Gao, Z., Reynolds, M., & Vanyukov, M. (2008). Peer environment mediates parental history and individual risk in the etiology of cannabis use disorder in boys: a 10-year prospective study. *American Journal of Drug and Alcohol Abuse*, 34(3), 307-20.
102. Finch, A. J. (2004). First person: Portrait of a recovery high school. *Counselor*, 5(2), 30-32.
103. Finch, A. J. (2005). Starting a recovery high school: A how-to manual. Center City, MN: Hazelden Publishing.
104. Finch, A. J. (2007). Authentic voices: Stories from recovery school students. *Journal of Groups in Addiction and Recovery*, 2(2-4), 16-37.
105. Finch, A. J. (2007). Rationale for including recovery as part of the educational agenda. *Journal of Groups in Addiction and Recovery*, 2(2-4), 1-15.
106. Finch, A. J. (2012). The recovery school movement: History and outlook. In A.E. Skinstad, K. Summers, & P.E. Nathan (Eds.). *Proceedings of the 4th Annual Symposium, Recovery schools: A provider's introduction to recovery programs in high schools and post-secondary schools*. Iowa City, IA: Prairielands Addiction Technology Transfer Center.
107. Finch, A. J. (2015). Recovery high schools 101. *Counselor*, 16(2), 19-21.
108. Finch, A. J., & Frieden, G. (2014). The ecological and developmental role of recovery schools. *Peabody Journal of Education*, 89(2), 271-287.
109. Finch, A. J., & Wegman, H. (2012). Recovery high schools: Opportunities for support and personal growth for students in recovery. *The Prevention Researcher*, 19
110. Finch, A. J., & Karakos, H. (Eds.) (2014). Substance abuse recovery and schooling: The role of recovery high schools and collegiate recovery communities. A special edition of the *Peabody Journal of Education*.

111. Finch, A. J., Moberg, D.P., & Krupp, A.L. (2014). Continuing care in high schools: A descriptive study of recovery high school programs. *Journal of Child and Adolescent Substance Abuse*, 23(2), 116-129.
112. Finch, A. J. (2003). A sense of place at Recovery High School: Boundary permeability and student recovery support. (Unpublished doctoral dissertation). Vanderbilt University, Nashville, TN. 40
113. Fisher, L. B., Miles, I. W., Austin, S. B., Camargo, C. A., & Colditz, G. A. (2007). Predictors of initiation of alcohol use among US adolescents: Findings from a prospective cohort study. *Archives of Pediatric and Adolescent Medicine*, 161(10), 959-66.
114. Fite, P. J., Díaz, K. I., & Doyle, R. L. (2020). Does Behavioral Dysregulation Moderate the Links Between Contextual Factors and Substance Use Among Detained Youth? *Journal of Child & Adolescent Substance Abuse*, 29(2), 143–154. <https://doi.org/10.1080/1067828X.2021.1907265>
115. Fleming, C. B., White, H. R., Oesterle, S., Haggerty, K. P., & Catalano, R. F. (2010). Romantic relationship status changes and substance use among 18- to 20-year-olds. *Journal of Studies on Alcohol and Drugs*, 71(6), 847-56.
116. Frank, J. L., & Fiegel, K. A. (2020). Features of the School Environment That Moderate Adolescent Marijuana Use: An Application and Extension of the Theory of Planned Behavior. *Journal of Child & Adolescent Substance Abuse*, 29(2), 155–170. <https://doi.org/10.1080/1067828X.2021.1910091>
117. Frauenglass, S., Routh, D. K., Pantin, H. M., & Mason, C. A. (1997). Family support decreases influence of deviant peers on Hispanic adolescents' substance use. *Journal of Clinical Child Psychology*, 26(1), 15–23. [https://doi.org/10.1207/s15374424jccp2601\\_2](https://doi.org/10.1207/s15374424jccp2601_2)
118. Friedman, A. S., Glickman, N., & Utada, A. (1985). Does drug and alcohol use lead to failure to graduate from high school? *Journal of Drug Education*, 15(4), 353–364.
119. Friedman, A. S., Grankik, S., & Kreisher, C. (1994). Motivation for adolescent drug abusers for help and treatment. *Journal of Child and Adolescent Substance Abuse*, 3(3), 69–88.
120. Friedman, A. S., Glickman, N., & Morrissey, M. (1986). Prediction to successful treatment outcome by client characteristics and retention in treatment in adolescent drug treatment programs: A large-scale cross-validation study. *Journal of Drug Education*, 16(2), 149–165.
121. Galanter, M., Glickman, L., & Singer, D. (1995). An overview of outpatient treatment of adolescent substance abuse. *Substance Abuse*, 28(2), 51–58. [https://doi.org/10.1300/J465v28n02\\_07](https://doi.org/10.1300/J465v28n02_07)
122. Garner, B. R., Godley, M. D., Funk, R. R., Dennis, M. L., & Godley, S. H. (2007). The impact of recovery management adherence on environmental risks, substance use, and substance-related problems following adolescent residential treatment. *Psychology of Addictive Behaviors*, 21(4), 488–497.
123. Garner, B. R., Godley, M. D., Funk, R. R., Dennis, M. L., & Godley, S. H. (2007). The impact of continuing care adherence on environmental risks, substance use, and substance-related problems following adolescent residential treatment. *Psychology of addictive behaviors : journal of the Society of Psychologists in Addictive Behaviors*, 21(4), 488–497. <https://doi.org/10.1037/0893-164X.21.4.488>
124. Garner, B. R., Godley, M. D., Passetti, L. L., Funk, R. R., & White, W. L. (2014). Recovery support for adolescents with substance use disorders: The impact of recovery support telephone calls provided by pre-professional volunteers. *Journal of Substance Abuse and Alcoholism*. 2(2), 1010.
125. Garofoli M. Adolescent Substance Abuse. *Prim Care*. 2020 Jun;47(2):383-394. doi: 10.1016/j.pop.2020.02.013. Epub 2020 Feb 21. PMID: 32423721.
126. Gayman, M. D., Cuddeback, G. S., & Morrissey, J. P. (2011). Help-seeking behaviors in a community sample of young adults with substance use disorders. *The Journal of Behavioral Health Services & Research*, 38(4), 464-477.
127. Glowacki, K., Whyte, M., Weinstein, J., Marchand, K., Barbic, D., Scheuermeyer, F., Mathias, S., & Barbic, S. (2022). Exploring how to enhance care and pathways between the emergency department and integrated youth services for young people with mental health and substance use concerns. *BMC health services research*, 22(1), 615. <https://doi.org/10.1186/s12913-022-07990-8>
128. Godley S. H., Garner, B. R., Pasetti, L. L., Funk, R. R., Dennis, M. L., & Godley, M. D. (2010). Adolescent outpatient treatment and continuing care: Main findings from a randomized clinical trial. *Drug and Alcohol Dependence*, 110(1–2), 44–54.

129. Godley, M. D., Godley, S. H., Dennis, M. L., Funk, R. R., & Passetti, L. L. (2002). Preliminary outcomes from the assertive continuing care experiment for adolescents discharged from residential treatment. *Journal of Substance Abuse Treatment*, 23, 21-32.
130. Godley, M. D., Godley, S. H., Dennis, M. L., Funk, R. R., & Passetti, L. L. (2006). The effect of assertive continuing care on continuing care linkage, adherence, and abstinence following residential treatment for adolescent substance use disorders. *Addiction*, 102, 81-93.
131. Godley, S. H., Passetti, L. L., & White, M. K. (2006). Employment and adolescent alcohol and drug treatment: An exploratory study. *American Journal on Addictions*, 15, 137-143.
132. Goldman, J. (1986, June 15). A place for teens to hold on to sobriety; Recovery home is foundation's goal. *Los Angeles Times*, Westside Home Edition, 4pp.
133. Goldstein BI, Bukstein OG. Comorbid substance use disorders among youth with bipolar disorder: opportunities for early identification and prevention. *J Clin Psychiatry*. 2010 Mar;71(3):348-58. doi: 10.4088/JCP.09r05222gry. Epub 2009 Dec 1. PMID: 19961811.
134. Gomes, N., & Paccione-Dyszlewski, M. (2023). Decoding youth substance use: Insights and strategies. *The Brown University Child and Adolescent Behavior Letter*, 39(5), 1–7.
135. Gonzalez, V. M., & Dulin, P. L. (2015). Comparison of a smartphone app for alcohol use disorders with an internet-based intervention plus bibliotherapy: A pilot study. *Journal of Consulting and Clinical Psychology*, 3(2), 335-345.
136. Goodman, I., Peterson-Badali, M., & Henderson, J. (2011). Understanding motivation for substance use treatment: the role of social pressure during the transition to adulthood. *Addictive behaviors*, 36(6), 660–668. <https://doi.org/10.1016/j.addbeh.2011.01.011>
137. Grant, S., Agniel, D., Almirall, D., Burkhart, Q., Hunter, S. B., Ramchand, R., & Griffin, B. A. (2017). Developing adaptive interventions for adolescent substance use treatment settings: Protocol of an observational, mixed-methods project. *Addiction Science & Clinical Practice*, 12(1), 35. <https://doi.org/10.1186/s13722-017-0099-4>
138. Grant S, Pedersen ER, Hunter SB, Khodyakov D, Griffin BA. Prioritizing Needs and Outcomes for Adolescent Substance Use Treatment Planning: An Online Modified-Delphi Process. *J Addict Med*. 2020 Jul/Aug;14(4):e83-e88. doi: 10.1097/ADM.0000000000000605. PMID: 31855921; PMCID: PMC7295669.
139. Griffith-Lendering, M. F. H., Huijbregts, S. C. J., Huizink, A. C., Ormel, H., Verhulst, F. C., Vollebergh, W. A. M., & Swaab, H. (2011). Social Skills as Precursors of Cannabis Use in Young Adolescents: A Trails Study. *Journal of Clinical Child & Adolescent Psychology*, 40(5), 706–714. <https://doi.org/10.1080/15374416.2011.597085>
140. Groß, C., Neumann, M., Kalkbrenner, M., Mick, I., Lachnit, A., Reichert, J., Klotsche, J., & Zimmermann, U. S. (2014). A retrospective analysis of psychosocial risk factors modulating adolescent alcohol binge drinking. *European Addiction Research*, 20(6), 285–292. <https://doi.org/10.1159/000362407>
141. Gross, J., & McCaul, M. E. (1990–1991). A comparison of drug use and adjustment in urban adolescent children of substance abusers. *International Journal of the Addictions*, 25(5A–6A), 495–511.
142. Gudonis-Miller, L. C., Lewis, L., Tong, Y., Tu, W., & Aalsma, M. C. (2012). Adolescent romantic couples influence on substance use in young adulthood. *Journal of Adolescence*, 35(3), 638-47.
143. Gulliver, A., Farrer, L., Chan, J. K., Tait, R.J., Bennett, K., Calfear, A. L., & Griffiths, K. M. (2015). Technology based interventions for tobacco and other drug use in university and college students: A systematic review and meta-analysis. *Addiction Science & Clinical Practice*, 10, 5. doi: 10.1186/s13722-015-0027-4
144. Haberle, B., Conway, S., Valentine, P., Evans, A. C., White, W. & Davidson, L. (2014). The recovery 41 community center: A new model for volunteer peer support to promote recovery. *Journal of Groups in Addiction and Recovery*, 9, 237-256.
145. Hahn, A. M., Adams, Z. W., Chapman, J., McCart, M. R., Sheidow, A. J., de Arellano, M. A., & Danielson, C. K. (2020). Risk reduction through family therapy (RRFT): Protocol of a randomized controlled efficacy trial of an integrative treatment for co-occurring substance use problems and posttraumatic stress disorder symptoms in adolescents who have experienced interpersonal violence and other traumatic events. *Contemporary Clinical Trials*, 96, 106012. <https://doi.org/10.1016/j.cct.2020.106012>

146. Hakim, E. A., McDonald, K. L., Lochman, J. E., Powell, N. P., & Vernberg, E. M. (2022). Disaster Exposure and Temperament as Predictors of Adolescent Substance Use. *Journal of Clinical Child & Adolescent Psychology*, 54(4), 416–428. <https://doi.org/10.1080/15374416.2022.2124514>
147. Halsall, T., Daley, M., Hawke, L., Henderson, J., & Matheson, K. (2022). "You can kind of just feel the power behind what someone's saying": a participatory-realist evaluation of peer support for young people coping with complex mental health and substance use challenges. *BMC health services research*, 22(1), 1358. <https://doi.org/10.1186/s12913-022-08743-3>
148. Hamad AF, Roos LL, Bolton JM, Wall-Wieler E. Familial associations in adolescent substance use disorder: a population-based cohort study. *Addiction*. 2022 Oct;117(10):2720-2729. doi: 10.1111/add.15981. Epub 2022 Jul 12. PMID: 35768957.
149. 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.
150. Harrison, P. A., & Hoffmann, N. (1989). CATOR report: Adolescent treatment completers one year later. St. Paul, MN: CATOR.
151. Havlicek, J. R., Garcia, A. R., & Smith, D. C. (2013). Mental health and substance use disorders among foster youth transitioning to adulthood: Past research and future directions. *Children and Youth Services Review*, 35(1), 194-203.
152. Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64–105. <https://doi.org/10.1037/0033-2909.112.1.64>
153. Hawkins, J. D., & Fitzgibbon, J. J. (1993). Risk factors and risk behaviors in prevention of adolescent substance abuse. *Adolescent Medicine: State of the Art Reviews*, 4(2), 249–262.
154. Heiden-Rootes, K., Meyer, D., Mancini, M., Ferber, M., Eikenberry, J., Wang, W., Rottnek, F., Jung, E., & Karris, S. (2023). Helping families heal in substance use treatment: A qualitative study about the role of peer support specialists with client families. *Journal of substance use and addiction treatment*, 148, 209024. <https://doi.org/10.1016/j.josat.2023.209024>
155. Helseth SA, Guigayoma J, Price D, Spirito A, Clark MA, Barnett NP, Becker SJ. Developing a Smartphone-Based Adjunct Intervention to Reduce Cannabis Use Among Juvenile Justice-Involved Adolescents: Protocol for a Multiphase Study. *JMIR Res Protoc*. 2022 Mar 11;11(3):e35402. doi: 10.2196/35402. PMID: 35275086; PMCID: PMC8957005.
156. Henderson, J. L., Cheung, A., Cleverley, K., Chaim, G., Moretti, M. E., de Oliveira, C., Hawke, L. D., Willan, A. R., O'Brien, D., Heffernan, O., Herzog, T., Courey, L., McDonald, H., Grant, E., & Szatmari, P. (2017). Integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: protocol for a pragmatic randomised controlled trial. *BMJ open*, 7(2), e014080. <https://doi.org/10.1136/bmjopen-2016-014080>
157. Henneberger, A.K., Mushonga, D.R. & Preston, A.M. Peer Influence and Adolescent Substance Use: A Systematic Review of Dynamic Social Network Research. *Adolescent Res Rev* 6, 57–73 (2021). <https://doi.org/10.1007/s40894-019-00130-0>
158. Heron, K. E., & Smyth, J. M. (2010). Ecological momentary interventions: Incorporating mobile technology into psychosocial and health behavior treatments. *British Journal of Health Psychology*, 15(Pt. 1), 1-39.
159. Heslin, K. C., Hamilton, A. B., Singzon, T. K., Smith, J. L., & Anderson, N. L. (2011). Alternative families in recovery: Fictive kin relationships among residents of sober living homes. *Qualitative Health Research*, 21(4), 477-488.
160. Hilt, L. M., Armstrong, J. M., & Essex, M. J. (2015). Rumination and Moderators of Multifinality: Predicting Internalizing Symptoms and Alcohol Use During Adolescence. *Journal of Clinical Child & Adolescent Psychology*, 46(5), 746–753. <https://doi.org/10.1080/15374416.2015.1070354>
161. Hodgins S, Oliver BR, Tengström A, Larsson A. Adolescents who consulted for substance misuse problems: outcomes 1 year later. *Nord J Psychiatry*. 2010 May 4;64(3):189-95. doi: 10.3109/08039480903389002. PMID: 20429743.

162. Hoffmann JP, Cerbone FG. Parental substance use disorder and the risk of adolescent drug abuse: an event history analysis. *Drug Alcohol Depend.* 2002 May 1;66(3):255-64. doi: 10.1016/s0376-8716(02)00005-4. PMID: 12062460.
163. Hoffman, N. G., Mee-Lee, D., & Arrowhead, A. (1993). Treatment issues in adolescent substance abuse and addictions: Options, outcomes, effectiveness, reimbursement, and admission criteria. *Adolescent Medicine: State of the Art Reviews*, 4(2), 371–390.
164. Hoffmann, N. G., Sonis, W. A., & Halikas, J. A. (1987). Issues in the evaluation of chemical dependency treatment programs for adolescents. *Pediatric Clinics of North America*, 34(2), 449–459.
165. Hogue, A., Bobek, M., Levy, S., Henderson, C. E., Fishman, M., Becker, S. J., Dauber, S., Porter, N., & Wenzel, K. (2021). Conceptual framework for telehealth strategies to increase family involvement in treatment and recovery for youth opioid use disorder. *Journal of marital and family therapy*, 47(2), 501–514. <https://doi.org/10.1111/jmft.12499>
166. Hogue, A., Henderson, C. E., Becker, S. J., & Knight, D. K. (2018). Evidence Base on Outpatient Behavioral Treatments for Adolescent Substance Use, 2014–2017: Outcomes, Treatment Delivery, and Promising Horizons. *Journal of Clinical Child & Adolescent Psychology*, 47(4), 499–526. <https://doi.org/10.1080/15374416.2018.1466307>
167. Hogue, A., Henderson, C. E., Ozechowski, T. J., & Robbins, M. S. (2014). Evidence Base on Outpatient Behavioral Treatments for Adolescent Substance Use: Updates and Recommendations 2007–2013. *Journal of Clinical Child & Adolescent Psychology*, 43(5), 695–720. <https://doi.org/10.1080/15374416.2014.915550>
168. Hogue, A., Henderson, C. E., & Schmidt, A. T. (2017). Multidimensional Predictors of Treatment Outcome in Usual Care for Adolescent Conduct Problems and Substance Use. *Administration and policy in mental health*, 44(3), 380–394. <https://doi.org/10.1007/s10488-016-0724-7>
169. Hong, T., Beaudoin, C. E., & Johnson, C. (2013). A panel study of peer norms and adolescent alcohol consumption: developing strategies for communication interventions. *Journal of Health Communication*, 18(8), 913-30.
170. Hubbard, R. L., Cavanaugh, E. R., Craddock, S. G., & Rachal, J. V. (1985). Characteristics, behaviors, and outcomes for youth in the TOPS. In A. S. Friedman & G. M. Beschner (Eds.), *Treatment services for adolescent substance abusers* (Treatment Research Monograph Series, DHHS Publication No. ADM 85-1342, pp. 49–65). National Institute on Drug Abuse.
171. Humphreys, J., & Atkinson, C. (2025). Adolescent Cannabis Use - Motives, Frequency and Consequences: A Systematic Literature Review. *Journal of Child & Adolescent Substance Use*, 30(3), 83–102. <https://doi.org/10.1080/29973368.2025.2458854>
172. Humphreys, K., & McLellan, A. T. (2010). Brief intervention, treatment, and recovery support services for Americans who have substance use disorders: An overview of policy in the Obama administration. *Psychological Services*, 7(4), 275-284. doi: 10.1037/a0020390
173. Jainchill N. (2000). Substance dependency treatment for adolescents: practice and research. *Substance use & misuse*, 35(12-14), 2031–2060. <https://doi.org/10.3109/10826080009148249>
174. Jainchill, N., Bhattacharya, G., & Yagelka, J. (1995). Therapeutic communities for adolescents. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions* (NIDA Research Monograph No. 156, pp. 190–217). National Institute on Drug Abuse.
175. Jainchill N, Hawke J, De Leon G, & Yagelka J. (2000). Adolescents in therapeutic communities: one-year posttreatment outcomes. *Journal of psychoactive drugs*, 32 (1), 81-94.
176. Jason, L. A., Olson, B. D., Ferrari, J. R., Majer, J. M., Alvarez, J., & Stout, J. (2007). An examination of main and interactive effects of substance abuse recovery housing on multiple indicators of adjustment. *Addiction*, 102, 1114-1121. doi:10.1111/j.1360-0443.2007.01846.x
177. Joe, G. W., Knight, D. K., Becan, J. E., & Flynn, P. M. (2014). Recovery among adolescents: models for post treatment gains in drug abuse treatments. *Journal of Substance Abuse Treatment*, 46(3), 362-73.
178. Judy Nelson, Susan Henderson, and Steve Lackey, (2014). Presentation: Alternative Peer Groups: Adolescent Recovery From Substance Use, Sam Houston State University TCA Conference
179. Kajdan, R.A., & Senay, E.C. (1976). Modified therapeutic communities for youth. *Journal of Psychedelic Drugs*, July September, pp. 206-214.

180. Kaminer, Y. (1994). *Adolescent substance abuse: A comprehensive guide to theory and practice*. Plenum Press.
181. Kaminer Y. (2005). Challenges and opportunities of group therapy for adolescent substance abuse: a critical review. *Addictive behaviors*, 30(9), 1765–1774. <https://doi.org/10.1016/j.addbeh.2005.07.002>
182. Kaminer, Y., Ohannessian, C. M., & Burke, R. H. (2017). Adolescents with cannabis use disorders: Adaptive treatment for poor responders. *Addictive Behaviors*, 68, 64–70. <https://doi.org/10.1016/j.addbeh.2017.02.013>
183. Kaminer, Y., Ohannessian, C. M., McKay, J. R., Burke, R. H., & Flannery, K. (2017). Goal commitment predicts treatment outcome for adolescents with alcohol use disorder. *Addictive Behaviors*, 75, 118–123. <https://doi.org/10.1016/j.addbeh.2017.07.035>
184. Karakos, H. L. (2014). Positive Peer Support or Negative Peer Influence? The Role of Peers Among Adolescents in Recovery High Schools. *Peabody Journal of Education*, 89(2), 214–228. <https://doi.org/10.1080/0161956X.2014.897094>
185. Kardaş Ö, Kardaş B, Saatçioğlu H, Yüncü Z. Effects of Problem Solving Therapy in Substance Use Disorder in Adolescents. *Turk Psikiyatri Derg.* 2023 Summer;34(2):100-109. doi: 10.5080/u27075. PMID: 37357896; PMCID: PMC10552172.
186. Kelly J. F., Pagano, M. E., Stout, R. L., & Johnson, S. M. (2011). The influence of religiosity on 12-step engagement and substance use disorder treatment response among adolescents. *Journal of Studies on Alcohol and Drugs*, 72(6), 1000–1011.
187. Kelly, J. F., & Myers, M. G. (2007). Adolescents' participation in Alcoholics Anonymous and Narcotics Anonymous: review, implications and future directions. *Journal of Psychoactive Drugs*, 39(3), 259-269.
188. Kelly, J. F., & Urbanoski, K. (2012). Youth recovery contexts: The incremental effects of 12-step attendance and involvement on adolescent outpatient outcomes. *Alcoholism: Clinical and Experimental Research*, 36(7), 1219-29.
189. Kelly, J. F., Brown, S. A., Abrantes, A., Kahler, C. W., & Myers, M. (2008). Social recovery model: An 8-year investigation of adolescent 12-Step group involvement following inpatient treatment. *Alcoholism: Clinical and Experimental Research*, 32(8), 1-11. 42
190. Kelly, J. F., Dow, S. J. Yeterian, J. D., & Myers, M. (2011). How safe are adolescents at AA and NA meetings? A prospective investigation with outpatient youth. *Journal of Substance Abuse Treatment*, 40(4), 419-428.
191. Kelly, J. F., Dow, S. J., Yeterian, J. D., & Kahler, C. W. (2010). Can 12-step group participation strengthen and extend the benefits of adolescent addiction treatment? A prospective analysis. *Drug and Alcohol Dependence*, 110(1-2), 117-125.
192. Kelly, J. F., Myers, M. G., & Brown, S. A. (2000). A multivariate process model of adolescent 12-Step attendance and substance use outcome following inpatient treatment. *Psychology of Addictive Behaviors*, 14, 376-389.
193. Kelly, J. F., Myers, M. G., & Brown, S. A. (2002). Do adolescents affiliate with 12-Step groups? A multivariate process model of effects. *Journal of Studies on Alcohol*, 63, 293-304.
194. Kelly, J. F., Myers, M. G., & Brown, S. A. (2005). The effects of age composition of 12-Step groups on adolescent 12-Step participation and substance use outcome. *Journal of Child and Adolescent Substance Abuse*, 15, 63-72.
195. Kelly, J. F., Stout, R. L., & Slaymaker, V. (2013). Emerging adults' treatment outcomes in relation to 12 step mutual-help attendance and active involvement. *Drug and Alcohol Dependence*, 129(1-20), 151-7.
196. Kelly, J. F., Stout, R. L., Greene, M. C., & Slaymaker, V. (2014). Young adults, social networks, and addiction recovery: Post treatment changes in social ties and their role as a mediator of 12-step participation. *PLoS ONE*, 9(6), e100121.
197. Kelly, J., & White, W. (Eds.). (2011) *Addiction recovery management: Theory, science and practice*. New York: Springer Science.
198. Kelly, J. F., Myers, M. G., & Rodolico, J. (2008). What do adolescents exposed to Alcoholics Anonymous think about 12-Step groups? *Substance Abuse*, 29(2), 53-72.
199. Kemp, K., Micalizzi, L., Becker, S. J., Cheaito, A., Suazo, N. C., Fox, K., Hernandez, L., & Spirito, A. (2023). Intervention for marijuana using, court-involved non-incarcerated youth. *Journal of substance use and addiction treatment*, 152, 209100. <https://doi.org/10.1016/j.josat.2023.209100>

200. Kendler, K. S., Ohlsson, H., Mezuk, B., Sundquist, K., & Sundquist, J. (2015). Exposure to peer deviance during childhood and risk for drug abuse: a Swedish national co-relative control study. *Psychological Medicine*, 45(4), 855-64.
201. Khasmohammadi, M., Ghazizadeh Ehsaei, S., Vanderplasschen, W., Dortaj, F., Farahbakhsh, K., Keshavarz Afshar, H., ... Hormozi, A. kalantar. (2019). The Impact of Addictive Behaviors on Adolescents Psychological Well-Being: The Mediating Effect of Perceived Peer Support. *The Journal of Genetic Psychology*, 181(2–3), 39–53. <https://doi.org/10.1080/00221325.2019.1700896>
202. Kim, B. K., Gloppen, K. M., Rhew, I. C., Oesterle, S., & Hawkins, J. D. (2015). Effects of the communities that care prevention system on youth reports of protective factors. *Prevention Science*, 16(5), 652-62.
203. Kingston, S., Knight, E., Williams, J., & Gordon, H. (2015). How do young adults view 12-Step programs? A qualitative study. *Journal of Addictive Diseases*, 34(4), 311-22.
204. Knapp, J., Templar, D., Cannon, W. G., & Dobson, S. (1991). Variables associated with success in an adolescent drug treatment program. *Adolescence*, 26(102), 305–317.
205. Knight, J. R. (1997). Adolescent substance use: Screening, assessment, and intervention in medical office practice. *Contemporary Pediatrics*, 14(4), 45–72.
206. Kwan, P. P., Sussman, S., & Valente, T. W. (2015). Peer leaders and substance use among high-risk adolescents. *Substance Use & Misuse*, 50(3), 283-91.
207. Lai B, Good J, Singh G, Deyo M, Marshall R, Oesterle T. Adolescent Substance Use Disorder in Primary Care: Challenges in Treatment Referral Beyond Access Availability. *J Prim Care Community Health*. 2024 Jan-Dec;15:21501319241276817. doi: 10.1177/21501319241276817. PMID: 39238259; PMCID: PMC11378206.
208. Lee, M. T., Pagano, M. E., Johnson, B. R., & Post, S. G. (2016). Love and service in adolescent addiction recovery. *Alcoholism Treatment Quarterly*, 34(2), 197-222.
209. Lemyre A, Gauthier-Légaré A, Bélanger RE. Shyness, social anxiety, social anxiety disorder, and substance use among normative adolescent populations: A systematic review. *Am J Drug Alcohol Abuse*. 2019;45(3):230-247. doi: 10.1080/00952990.2018.1536882. Epub 2018 Nov 13. PMID: 30422012.
210. Liddle, H. A. (1992). Family therapy techniques for adolescents with drug and alcohol problems. In W. Snyder & T. Ooms (Eds.), *Empowering families: ADAMHA monograph from the First National Conference on the Treatment of Adolescent Drug, Alcohol, and Mental Health Problems* (pp. [insert page range]). U.S. Government Printing Office.
211. Liddle, H. A., & Dakof, G. A. (1995). Family-based treatment for adolescent drug abuse: State of the science. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions* (NIDA Research Monograph No. 156, DHHS Publication No. ADM 95-3908, pp. 218–254). National Institute on Drug Abuse.
212. Liddle, H. A., Dakof, G., & Diamond, G. (1992). Adolescent substance abuse: Multidimensional family therapy in action. In E. Kaufman & P. Kaufmann (Eds.), *Family therapy of drug and alcohol abuse* (2nd ed., pp. 120–171). Allyn & Bacon.
213. Lipschitz DS, Rasmusson AM, Anyan W, Gueorguieva R, Billingslea EM, Cromwell PF, Southwick SM. Posttraumatic stress disorder and substance use in inner-city adolescent girls. *J Nerv Ment Dis*. 2003 Nov;191(11):714-21. doi: 10.1097/01.nmd.0000095123.68088.da. PMID: 14614338.
214. Liddle, H. A., Rowe, C. L., Dakof, G. A., Ungaro, R. A., & Henderson, C. E. (2004). Early intervention for adolescent substance abuse: pretreatment to posttreatment outcomes of a randomized clinical trial comparing multidimensional family therapy and peer group treatment. *Journal of psychoactive drugs*, 36(1), 49–63. <https://doi.org/10.1080/02791072.2004.10399723>
215. Lum A, Damianidou D, Bailey K, Cassel S, Unwin K, Beck A, Kelly PJ, Argent A, Deane FP, Langford S, Baker AL, McCarter K. SMART recovery for youth: a small, exploratory qualitative study examining the potential of a mutual-aid, peer support addictive behaviour change program for young people. *Addict Sci Clin Pract*. 2023 May 17;18(1):30. doi: 10.1186/s13722-023-00379-w. PMID: 37198715; PMCID: PMC10190011.
216. Macgowan, M. J., & Engle, B. (2010). Evidence for optimism: behavior therapies and motivational interviewing in adolescent substance abuse treatment. *Child and adolescent psychiatric clinics of North America*, 19(3), 527–545. <https://doi.org/10.1016/j.chc.2010.03.006>

217. MacKenzie, R. G. (1993). Influence of drug use on adolescent sexual activity. *Adolescent Medicine: State of the Art Reviews*, 4(2), 112–115.
218. Manteuffel, B., Stephens, R. L., Sondheimer, D. L., & Fisher, S. K. (2008). Characteristics, service experiences, and outcomes of transition-aged youth in systems of care: Programmatic and policy implications. *The Journal of Behavioral Health Services & Research*, 35(4), 469-487.
219. Margolis, R., Kilpatrick, A., & Mooney, B. (2000). A retrospective look at long-term adolescent recovery: Clinicians talk to researchers. *Journal of Psychoactive Drugs*, 32(1), 117-125.
220. Markoulakis, R., Turner, M., Wicik, K. et al. Exploring Peer Support Needs of Caregivers for Youth with Mental Illness or Addictions Concerns in Family Navigation Services. *Community Ment Health J* 54, 555–561 (2018). <https://doi.org/10.1007/s10597-017-0191-y>
221. Marsch, L. A., Bickel, W. K., & Grabinski, M. J. (2007). Application of interactive, computer technology to 43 adolescent substance abuse prevention and treatment. *Adolescent Medicine: State of the Art Reviews*, 18(2), 342-356, xii.
222. Marsch, L. A., Grabinski, M. J., Bickel, W. K., Desrosiers, A., Guarino, H., Muehlbach, B., Solhkhah, R., Taufique, S., & Acosta, M. (2011). Computer-assisted HIV prevention for youth with substance use disorders. *Substance Use & Misuse*, 46(1), 46-56.
223. Marsch, L. A., Guarino, H., Grabinski, M. J., Syckes, C., Dillingham, E. T., Xie, H., & Crosier, B. S. (2015). Comparative effectiveness of web-based vs. educator-delivered HIV prevention for adolescent substance users: A randomized, controlled trial. *Journal of Substance Abuse Treatment*, 59, 30-37. doi:10.1016/j.jsat.2015.07.003
224. Marschall-Lévesque, S., Castellanos-Ryan, N., Vitaro, F., & Séguin, J. R. (2014). Moderators of the association between peer and target adolescent substance use. *Addictive Behaviors*, 39(1), 48-70.
225. Marshall, T., Reeson, M., Loverock, A., Lewis, A. E., King, I., Ilyas, R., Dixon, C. C., Viste, D., Azer, B., Chow, E., Safi, F., Kennedy, M., Abba-Aji, A., & Greenshaw, A. J. (2025). Evidence-based Interventions for Youth With Concurrent Mental Health and Substance Use Disorders: A Scoping Review: Interventions fondées sur des données probantes pour les jeunes atteints de troubles concomitants de santé mentale et liés à l'usage de substances psychoactives : une étude de la portée. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 70(5), 347–371. <https://doi.org/10.1177/07067437241300957>
226. Martin, E., Vezina, T., Gardiepy, D., Courtney, M., Roberts, C., and Parker, G. (2017). Substance Use Disorder Transition Age Youth Peer Delivered Services Best Practice Curriculum, The Regional Facilitation Center, Portland, Oregon, [maapp.org](http://maapp.org)
227. Mason, M. J., & Coatsworth, J. D. (2020). Adolescents' Response to a Text Message-Delivered Tobacco Use Intervention by Depressive Symptoms and Sex. *Journal of Child & Adolescent Substance Abuse*, 29(1), 1–9. <https://doi.org/10.1080/1067828X.2020.1792021>
228. Mason, M., Light, J., Campbell, L., Keyser-Marcus, L., Crewe, S., Way, T., Saunders, H., King, L., Zaharakis, N. M., & McHenry, C. (2015). Peer Network Counseling with Urban Adolescents: A Randomized Controlled Trial with Moderate Substance Users. *Journal of substance abuse treatment*, 58, 16–24. <https://doi.org/10.1016/j.jsat.2015.06.013>
229. Mattison, J. (1896). Morphine in the young. *Atlantic Medical Weekly*, 5, 165- 167.
230. McCart, M. R., Zajac, K., Danielson, C. K., Strachan, M., Ruggiero, K. J., Smith, D. W., ... Kilpatrick, D. G. (2011). Interpersonal Victimization, Posttraumatic Stress Disorder, and Change in Adolescent Substance Use Prevalence Over a Ten-Year Period. *Journal of Clinical Child & Adolescent Psychology*, 40(1), 136–143. <https://doi.org/10.1080/15374416.2011.533411>
231. McGue, M., Pickens, R. W., & Svikis, D. S. (1992). Sex and age effects on the inheritance of alcohol problems: A twin study. *Journal of Abnormal Psychology*, 101(1), 3–17. <https://doi.org/10.1037/0021-843X.101.1.3>
232. McMahan, T. J., & Luthar, S. S. (2006). Patterns and Correlates of Substance Use Among Affluent, Suburban High School Students. *Journal of Clinical Child & Adolescent Psychology*, 35(1), 72–89. [https://doi.org/10.1207/s15374424jccp3501\\_7](https://doi.org/10.1207/s15374424jccp3501_7)
233. McWhirter P. T. (2008). Enhancing adolescent substance abuse treatment engagement. *Journal of psychoactive drugs*, 40(2), 173–182. <https://doi.org/10.1080/02791072.2008.10400628>

234. Melendez-Torres, G. J., Dickson, K., Fletcher, A., Thomas, J., Hinds, K., Campbell, R., Murphy, S., & Bonell, C. (2016). Positive youth development programmes to reduce substance use in young people: Systematic review. *International Journal of Drug Policy*, 36, 95–103. <https://doi.org/10.1016/j.drugpo.2016.01.007>
235. Miller K, McPherson L, Gewirtz O'Brien J, Svetaz MV. Adolescent Health: Substance Use. *FP Essent*. 2021 Aug;507:26-32. PMID: 34410094.
236. Montanaro, E., Fiellin, L. E., Fakhouri, T., Kyriakides, T. C., & Duncan, L. R. (2015). Using videogame apps to assess gains in adolescents' substance use knowledge: New opportunities for evaluating intervention exposure and content mastery. *Journal of Medical Internet Research*, 17(10), e245. doi: 10.2196/jmir.4377
237. Morrison, C., & Bailey, C. (2011). The alternative peer group: A recovery model for teens and young adults. *Recovery Today Online*. \
238. Muck, R., Zempolich, K. A., Titus, J. C., Fishman, M., Godley, M. D., & Schwebel, R. (2001). An overview of the effectiveness of adolescent substance abuse treatment models. *Youth & Society*, 33(2), 143–168. <https://doi.org/10.1177/0044118X01033002002>
239. Mushquash, A. R., O'Leary-Barrett, M., & Conrod, P. J. (2024). Five-year outcomes of a school-based personality-focused prevention program on adolescent substance use disorder: A cluster randomized trial. *American Journal of Psychiatry*, 181(4), 274–282. <https://doi.org/10.1176/appi.ajp.20240042>
240. Myers M. G. (1999). Smoking intervention with adolescent substance abusers. Initial recommendations. *Journal of substance abuse treatment*, 16(4), 289–298. [https://doi.org/10.1016/s0740-5472\(98\)00038-5](https://doi.org/10.1016/s0740-5472(98)00038-5)
241. Myers MG, Prochaska JJ. Does smoking intervention influence adolescent substance use disorder treatment outcomes? *Subst Abus*. 2008;29(2):81-8. doi: 10.1080/08897070802093361. PMID: 19042327; PMCID: PMC2721717.
242. Naar-King, S., Outlaw, A., Green-Jones, M., Wright, K., & Parsons, J. T. (2009). Motivational interviewing by peer outreach workers: a pilot randomized clinical trial to retain adolescents and young adults in HIV care. *AIDS Care*, 21(7), 868-873.
243. Nash, A. J. (2013). The alternative peer group: What can 'winners' from this program teach us about recovery from adolescent substance use disorder? (Unpublished doctoral dissertation). The University of Texas Health Science Center at Houston School of Nursing, Houston, TX.
244. Nash, A., & Collier, C. (2016). The alternative peer group: Developmentally appropriate recovery support model for adolescents. *Journal of Addictions Nursing*, 27(2), 109-119.
245. Nash, N., Marcus, M., Engebretson, J., & Bukstein, O. (2015). Recovery from adolescent substance use disorder: Young people in recovery describe the process and keys to success in an alternative peer group, *Journal of Groups in Addiction & Recovery*, 10(4), 290-312.
246. Nathan, S., Foster, M., & Ferry, M. (2011). Peer and sexual relationships in the experience of drug-dependent adolescents in a therapeutic community. *Drug and alcohol review*, 30(4), 419–427. <https://doi.org/10.1111/j.1465-3362.2010.00227.x>
247. National Institute on Drug Abuse. (2014, January). Principles of adolescent substance use disorder treatment: A research-based guide (Rev. ed.). U.S. Department of Health and Human Services, National Institutes of Health. <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide>.
248. Neiderhiser, J. M., Marceau, K., & Reiss, D. (2013). Four factors for the initiation of substance use by young adulthood: A 10-year follow-up twin and sibling study of marital conflict, monitoring, siblings, and peers. *Development and Psychopathology*, 25(1), 133–149. <https://doi.org/10.1017/S0954579412000954>
249. Newton, A. S., Dong, K., Mabood, N., Ata, N., Ali, S., Gokiert, R., Vandermeer, B., Tjosvold, L., Hartling, L., & Wild, T. C. (2013). Brief emergency department interventions for youth who use alcohol and other drugs: a systematic review. *Pediatric emergency care*, 29(5), 673–684. <https://doi.org/10.1097/PEC.0b013e31828ed325>
250. Oetting, E. R., & Beauvais, F. (1986). Peer cluster theory: Drugs and the adolescent. *Journal of Counseling and Development*, 65(1), 17–27.
251. Ohannessian, C. M. (2009). Does technology use moderate the relationship between parental alcoholism and adolescent alcohol and cigarette use? *Addictive Behaviors*, 34(6-7), 606-609.
252. O'Leary, T. A., Brown, S. A., Colby, S. M., Cronce, J. M., D'Amico, E. J., Fader, J. S., Geisner, I. M., Larimer, M. E., Maggs, J. L., McCrady, B., Palmer, R. S., Schulenberg, J., & Monti, P. M. (2002). Treating adolescents together or

- individually? Issues in adolescent substance abuse interventions. *Alcoholism, clinical and experimental research*, 26(6), 890–899.
253. Opara, I., Brooks-Stephens, J. R., Aneni, K., Asabor, E. N., Weerakoon, S. M., & Duran-Becerra, B. (2024). A Qualitative Exploration on Risk and Protective Factors of Substance Use Among Black Adolescent Girls. *Journal of Clinical Child & Adolescent Psychology*, 1–14. <https://doi.org/10.1080/15374416.2024.2344171>
254. Pagano, M. E., Wang, A. R., Rowles, B. M., Lee, M. T., & Johnson, B. R. (2015). Social anxiety and peer helping in adolescent addiction treatment. *Alcoholism: Clinical and Experimental Research*, 39, 887-895.
255. Paquette, K. L., Pannella Winn, L. A., Wilkey, C. M., Ferreira, K. N., & Donegan, L. R. W. (2019). A framework for integrating young peers in recovery into adolescent substance use prevention and early intervention. *Addictive Behaviors*, 99, 106080. <https://doi.org/10.1016/j.addbeh.2019.106080>
256. Passetti, L. L., & Godley, S. H. (2008). Adolescent substance abuse treatment clinicians' self-help meeting referral practices and adolescent attendance rates. *Journal of Psychoactive Drugs*, 40, 29-40.
257. Passetti, L., Smith Ramey, J., Hunter, B., & Godley, M. (2023). Predicting Response to Services for Homeless Adolescents and Transition Age Youth (TAY) with Substance Use And/Or Mental Health Disorders: Implications for Youth Treatment and Recovery. *Journal of evidence-based social work* (2019), 20(5), 668–685. <https://doi.org/10.1080/26408066.2023.2202663>
258. Passetti, L. L., & White, W. L. (2008). Recovery support meetings for youths: Considerations when referring young people to 12-step and alternative groups. In J. D. Roth & A. J. Finch (Eds.), *Approaches to substance abuse and addiction in education communities: A guide to practices that support recovery in adolescents and young adults* (pp. xx–xx). Haworth Press.
259. Pedersen, M. U., Hesse, M., Thylstrup, B., Jones, S., Pedersen, M. M., & Frederiksen, K. S. (2020). Vouchers versus reminders to prevent dropout: Findings from the randomized youth drug abuse treatment project (YouthDAT project). *Drug and Alcohol Dependence*, 215, 108363. <https://doi.org/10.1016/j.drugalcdep.2020.108363>
260. Porche MV, Fortuna LR, Tolou-Shams M. Unpacking the Layers: Dismantling Inequities in Substance Use Services and Outcomes for Racially Minoritized Adolescents. *Child Adolesc Psychiatr Clin N Am*. 2022 Apr;31(2):223-236. doi: 10.1016/j.chc.2021.11.002. PMID: 35361361; PMCID: PMC10662943.
261. Pullmann, M.D., Ague, S., Johnson, T. et al. Defining Engagement in Adolescent Substance Abuse Treatment. *Am J Community Psychol* 52, 347–358 (2013). <https://doi.org/10.1007/s10464-013-9600-8>
262. Rahim, M. (2025). Do Shame, Impulsivity and Self-Compassion Predict Variance in Substance Use in Young People? *Journal of Child & Adolescent Substance Use*, 1–16. <https://doi.org/10.1080/29973368.2025.2519166>
263. Ramirez, R., Hinman, A., Sterling, S., Weisner, C., & Campbell, C. (2012). Peer influences on adolescent alcohol and other drug use outcomes. *Journal of the American Psychiatric Nurses Association*. Advance online publication. <https://doi.org/10.1111/j.1547-5069.2011.01437.x>
264. Ranahan, Patti & Pellisier, Rennee. (2020). Youth Workers in Mental Health Care: Role, Mental Health Literacy Development, and Framing Future Research. *Journal of Child and Youth Care Work*. 25. 229-247. 10.5195/jcycw.2015.84.
265. Randall, J., & York, J. A. (2020). Lessons Learned from the Impact of Adolescents' Internet Use Disorders on Adolescents' Substance Use Disorders. *Journal of Child & Adolescent Substance Abuse*, 29(3), 197–208. <https://doi.org/10.1080/1067828X.2021.1967247>
266. Raniseski, J. M., & Sigelman, C. K. (1992). Conformity, peer pressure, and adolescent receptivity to treatment for substance abuse: a research note. *Journal of drug education*, 22(3), 185–194. <https://doi.org/10.2190/RLXR-8UXC-X7WN-DVLF>
267. Reboussin, B. A., Song, E. Y., & Wolfson, M. (2012). Social influences on the clustering of underage risky 44 drinking and its consequences in communities. *Journal of Studies on Alcohol and Drugs*, 73(6), 890-8.
268. Richardson, L. P., McCarty, C. A., Radovic, A., & Ballonoff Suleiman, A. (2017). Research in the integration of behavioral health for adolescents and young adults in primary care settings: A systematic review. *Journal of Adolescent Health*, 60(3), 261–269. <https://doi.org/10.1016/j.jadohealth.2016.11.013>
269. Rice, E., Lee, A., & Taitt, S. (2011). Cell phone use among homeless youth: potential for new health interventions and research. *Journal of Urban Health*, 88(6), 1175-82.

270. Richter, S. S., Brown, S. A., & Mott, M. A. (1991). The impact of social support and self-esteem on adolescent substance abuse treatment outcome. *Journal of Substance Abuse*, 3(4), 371–385.  
[https://doi.org/10.1016/S0899-3289\(10\)80010-4](https://doi.org/10.1016/S0899-3289(10)80010-4)
271. Ridenour, T. A., Meyer-Chilenski, S., & Reid, E. E. (2012). Developmental momentum toward substance dependence: natural histories and pliability of risk factors in youth experiencing chronic stress. *Drug and Alcohol Dependence*, 123 Suppl 1, S87-98.
272. Riestenberg, N. (2007). The restorative recovery school: Countering chemical dependency. *Reclaiming Children and Youth*, 16(2), 21-23.
273. Rockholz, P. B., McMahan, T. J., & Luthar, S. (1996, June). Improving residential substance abuse treatment for inner-city teens: New Haven ACTS. In T. J. Crowley & J. M. Beal (Chairs), *Adolescents and substance abuse [Symposium]*. Annual Scientific Meeting of the College on Problems of Drug Dependence, San Juan, Puerto Rico.
274. Russell, B. S., Heller, A. T., & Hutchison, M. (2017). Differences in Adolescent Emotion Regulation and Impulsivity: A Group Comparison Study of School-Based Recovery Students. *Substance use & misuse*, 52(8), 1085–1097. <https://doi.org/10.1080/10826084.2016.1272612>
275. Russell, K. C. (2010). Adolescent substance-use treatment: Service delivery, research on effectiveness, and emerging treatment alternatives. In I. Bryce, W. Robinson, & R. S. Robertson (Eds.), *Approaches to substance abuse and addiction in education communities* (1st ed., pp. 29–45). Routledge.  
<https://doi.org/10.4324/9781315877501>
276. Sahed, I., & Jourdain, A. (2020). Families and Relationships with Friends in the Genesis of Addiction in Adolescents. Essay on Life Course Analysis of 15–18 Year-Olds Enrolled in School, in Paris and the Surrounding Area (Ile-de-France). *Journal of Child & Adolescent Substance Abuse*, 29(1), 10–21.  
<https://doi.org/10.1080/1067828X.2020.1805837>
277. Shadur, J. M., Hussong, A. M., & Haroon, M. (2015). Negative affect variability and adolescent self-medication: The role of the peer context. *Drug and alcohol review*, 34(6), 571–580. <https://doi.org/10.1111/dar.12260>
278. Shandley, K., Austin, D., Klein, B., & Kyrios, M. (2010). An evaluation of 'Reach Out Central': An online gaming program supporting the mental health of young people. *Health Education Research*, 25(4), 563–574.
279. Shandley, K., Austin, D., Klein, B., & Kyrios, M. (2010). An evaluation of 'Reach Out Central': An online gaming program supporting the mental health of young people. *Health Education Research*, 25(4), 563–574.
280. Sheedy, C., Whitter, M., & Chin, B. (2013). SAMHSA national leadership summit on youth recovery meeting report. (No. HHSS280201100002C). Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS).
281. Sheidow, A. J., McCart, M., Zajac, K., & Davis, M. (2012). Prevalence and impact of substance use among emerging adults with serious mental health conditions. *Psychiatric Rehabilitation Journal*, 35(3), 235.
282. Sheppard, C. S., Golonka, M., & Costanzo, P. R. (2012). Evaluating the impact of a substance use intervention program on the peer status and influence of adolescent peer leaders. *Prevention science : the official journal of the Society for Prevention Research*, 13(1), 75–85. <https://doi.org/10.1007/s11121-011-0248-z>
283. Shook, J. J., Vaughn, M. G., Litschge, C., Kolivoski, K., & Schelbe, L. (2009). The importance of friends among foster youth aging out of care: Cluster profiles of deviant peer affiliations. *Children and Youth Services Review*, 31(2), 284-291.
284. Silvers, J. A., Squeglia, L. M., Thomsen, K. R., Hudson, K. A., & Feldstein Ewing, S. W. (2019). Hunting for what works: Adolescents in addiction treatment. *Alcoholism: Clinical and Experimental Research*, 43(4), 687–690.  
<https://doi.org/10.1111/acer.13984>
285. Simonton, A. J., Young, C. C., & Johnson, K. E. (2018). Physical Activity Interventions to Decrease Substance Use in Youth: A Review of the Literature. *Substance use & misuse*, 53(12), 2052–2068.  
<https://doi.org/10.1080/10826084.2018.1452338>
286. Smith JM, Estefan A, Caine V. Mothers' Experiences of Supporting Adolescent Children Through Long-Term Treatment for Substance Use Disorder. *Qual Health Res*. 2018 Mar;28(4):511-522. doi: 10.1177/1049732317747554. Epub 2017 Dec 27. PMID: 29281946.
287. Snowdon, N., Allan, J., Shakeshaft, A., Rickwood, D., Stockings, E., Boland, V. C., & Courtney, R. J. (2019). Outpatient psychosocial substance use treatments for young people: An overview of reviews. *Drug and Alcohol Dependence*, 205, 107582. <https://doi.org/10.1016/j.drugalcdep.2019.107582>

288. Soberay A, Levy S, Cheung F, Pietruszewski P, DeSorrento L, Garney S, Luce C, Bame C. Rates and predictors of substance use in pediatric primary care clinics. *Subst Abus.* 2022 Dec;43(1):1094-1099. doi: 10.1080/08897077.2022.2060443. PMID: 35442865.
289. Spear, S. F., & Skala, S. Y. (1995). Posttreatment services for chemically dependent adolescents. NIDA research monograph, 156, 341-363.
290. Spinola, S., Moskal, D., Maisto, S. A., Park, A., Labbe, A. K., & Chung, T. A. (2019). Change in Marijuana Use and Related Problems among Adolescents in Substance Use Disorder Treatment: The Mediating Effects of Alcohol Consumption. *Journal of Child & Adolescent Substance Abuse*, 28(5), 312–322. <https://doi.org/10.1080/1067828X.2020.1774024>
291. Spirito, A., Hernandez, L., Cancelliere, M. K., Graves, H. R., Rodriguez, A. M., Operario, D., ... Barnett, N. P. (2017). Parent and Adolescent Motivational Enhancement Intervention for Substance-Using, Truant Adolescents: A Pilot Randomized Trial. *Journal of Clinical Child & Adolescent Psychology*, 47(sup1), S467–S479. <https://doi.org/10.1080/15374416.2017.1399402>
292. Squeglia LM, Fadus MC, McClure EA, Tomko RL, Gray KM. Pharmacological Treatment of Youth Substance Use Disorders. *J Child Adolesc Psychopharmacol.* 2019 Aug;29(7):559-572. doi: 10.1089/cap.2019.0009. Epub 2019 Apr 22. PMID: 31009234; PMCID: PMC6727439.
293. Stacie Mathewson Foundation, Transforming Youth Recovery (2015). 2015 Collegiate Recovery Asset Survey Report.
294. Stacie Mathewson Foundation, Transforming Youth Recovery. Activity and Program Toolkit.
295. Stacie Mathewson Foundation, Transforming Youth Recovery. Collegiate Recovery Program Staff Job Description Toolkit.
296. Stacie Mathewson Foundation, Transforming Youth Recovery. Marketing and Outreach Toolkit.
297. Stacie Mathewson Foundation, Transforming Youth Recovery. The Assets for Building Collegiate Recovery Capacity.
298. Staton, M., Dickson, M. F., Tillson, M., Leukefeld, C., Webster, J. M., Knudsen, H. K., & Oser, C. B. (2020). A Preliminary Examination of Substance Use Risk among Metropolitan and Non-Metropolitan Girls Involved in the Juvenile Justice System. *Journal of Child & Adolescent Substance Abuse*, 29(1), 46–57. <https://doi.org/10.1080/1067828X.2020.1827471>
299. Steinberg, L., Fletcher, A., & Darling, N. (1994). Parental monitoring and peer influences on adolescent substance use. *Pediatrics*, 93(6 Pt 2), 1060–1064.
300. Sterling, S., Weisner, C., Hinman, A., & Parthasarathy, S. (2010). Access to treatment for adolescents with substance use and co-occurring disorders: Challenges and opportunities. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(7), 637–646. <https://doi.org/10.1016/j.jaac.2010.03.019>
301. Su, J., & Supple, A. J. (2016). School Substance Use Norms and Racial Composition Moderate Parental and Peer Influences on Adolescent Substance Use. *American journal of community psychology*, 57(3-4), 280–290. <https://doi.org/10.1002/ajcp.12043>
302. Sussman, S. (2010). A review of Alcoholics Anonymous/ Narcotics Anonymous programs for teens. *Evaluation & the Health Professions*, 33(1), 26-55.
303. Swadi, H., & Zeitlin, H. (1988). Peer influence and adolescent substance abuse: promising side?. *British journal of addiction*, 83(2), 153–157. <https://doi.org/10.1111/j.1360-0443.1988.tb03976.x>
304. Tervo-Clemmens B, Quach A, Calabro FJ, Foran W, Luna B. Meta-analysis and review of functional neuroimaging differences underlying adolescent vulnerability to substance use. *Neuroimage.* 2020 Apr 1;209:116476. doi: 10.1016/j.neuroimage.2019.116476. Epub 2019 Dec 23. PMID: 31875520; PMCID: PMC7992390.
305. Teunissen, H. A., Spijkerman, R., Cohen, G. L., Prinstein, M. J., Engels, R. C., & Scholte, R. H. (2014). An experimental study on the effects of peer drinking norms on adolescents' drinker prototypes. *Addictive Behaviors*, 39(1), 85-93.
306. Thomasius, R., Paschke, K., & Arnaud, N. (2022). Substance-use disorders in children and adolescents. *Deutsches Ärzteblatt International*, 119, 440–450. <https://doi.org/10.3238/arztebl.m2022.0122>
307. Thombs, D. L., Olds, R. S., Osborn, C. J., Casseday, S., Glavin, K., & Berkowitz, A. D. (2007). Outcomes of a technology-based social norms intervention to deter alcohol use in freshman residence halls. *Journal of American College Health*, 55(6), 325-332.

308. Thurstone C, Loh R, Piatz C, Simpson SA. Adolescent Substance Use Disorder Diagnosis Correlates With Hospitalization After an Emergency Department Visit. *Pediatr Emerg Care*. 2022 Oct 1;38(10):e1590-e1593. doi: 10.1097/PEC.0000000000002838. Epub 2022 Sep 6. PMID: 36066586.
309. Tims, F. M., Dennis, M. L., Hamilton, N., J Buchan, B., Diamond, G., Funk, R., & Brantley, L. B. (2002). Characteristics and problems of 600 adolescent cannabis abusers in outpatient treatment. *Addiction* (Abingdon, England), 97 Suppl 1, 46–57. <https://doi.org/10.1046/j.1360-0443.97.s01.7.x>
310. Tisdale, C., Snowdon, N., Allan, J., Hides, L., Williams, P., & de Andrade, D. (2021). Youth Mental Health Peer Support Work: A Qualitative Study Exploring the Impacts and Challenges of Operating in a Peer Support Role. *Adolescents*, 1(4), 400–411. <https://doi.org/10.3390/adolescents1040030>
311. Tomczyk, Ł., & Wąsiński, A. (2020). Risk Behaviors among Youths in a Two-Aspect Approach: Using Psychoactive Substances and Problematic Using of Internet. *Journal of Child & Adolescent Substance Abuse*, 29(1), 27–45. <https://doi.org/10.1080/1067828X.2020.1805839>
312. Trudeau, K. J., Ainscough, J., & Charity, S. (2012). Technology in treatment: Are adolescents and counselors interested in online relapse prevention? *Child Youth Care Forum*, 41(1), 57–71.
313. Tucker, J. S., Green, H. D., Zhou, A. J., Miles, J. N., Shih, R. A., & D'Amico, E. J. (2011). Substance use among middle school students: associations with self-rated and peer-nominated popularity. *Journal of Adolescence*, 34(3), 513–9.
314. Turuba, R., Toddington, C., Tymoschuk, M., Amarasekera, A., Howard, A. M., Brockmann, V., Tallon, C., Irving, S., Mathias, S., Henderson, J. L., & Barbic, S. (2023). "A peer support worker can really be there supporting the youth throughout the whole process": a qualitative study exploring the role of peer support in providing substance use services to youth. *Harm reduction journal*, 20(1), 118. <https://doi.org/10.1186/s12954-023-00853-3>
315. Ullman, A. D., & Orenstein, A. (1994). Why some children of alcoholics become alcoholics: Emulation of the drinker. *Adolescence*, 29(113), 1–11. 67
316. Uliaszek, A. A., Al-Dajani, N., & Mills, L. (2019). Predictors of Attrition From Residential Treatment for Youths With Addictive Behaviors. *Journal of Child & Adolescent Substance Abuse*, 28(1), 1–7. <https://doi.org/10.1080/1067828X.2018.1561574>
317. Valente de Almeida, S., Correa, R., & Gonçalves, J. (2022). Can Intersectoral Interventions Reduce Substance Use in Adolescence? Evidence From a Multicentre Randomized Controlled Study. *International journal of public health*, 67, 1604677. <https://doi.org/10.3389/ijph.2022.1604677>
318. Valente, T. W., Ritt-Olson, A., Stacy, A., Unger, J. B., Okamoto, J., & Sussman, S. (2007). Peer acceleration: effects of a social network tailored substance abuse prevention program among high-risk adolescents. *Addiction*, 102(11), 1804–1815.
319. Van Ryzin, M. J., & Dishion, T.J. (2014). Adolescent deviant peer clustering as an amplifying mechanism underlying the progression from early substance use to late adolescent dependence. *Journal of Child Psychology and Psychiatry*, 55(10), 1153–61.
320. Ventura, A. S., & Bagley, S. M. (2017). To Improve Substance Use Disorder Prevention, Treatment and Recovery: Engage the Family. *Journal of addiction medicine*, 11(5), 339–341. <https://doi.org/10.1097/ADM.0000000000000331>
321. Verkooijen, K. T., de Vries, N. K., & Nielsen, G. A. (2007). Youth crowds and substance use: the impact of perceived group norm and multiple group identification. *Psychology of Addictive Behaviors*, 21(1), 55–61.
322. Vervaeke, H. K., van Deursen, L., & Korf, D. J. (2008). The role of peers in the initiation and continuation of ecstasy use. *Substance Use and Misuse*, 43(5), 633–46.
323. Villagrana, M., & Lee, S. Y. (2020). Racial/Ethnic Disparities in Treatment Completion for Youths with and without a Psychiatric Comorbidity. *Journal of Child & Adolescent Substance Abuse*, 29(2), 105–118. <https://doi.org/10.1080/1067828X.2020.1843580>
324. Vogl, L. E., Newton, N. C., Champion, K. E., & Teesson, M. (2014). A universal harm-minimisation approach to preventing psychostimulant and cannabis use in adolescents: A cluster randomised controlled trial. *Substance Abuse Treatment, Prevention, and Policy*, 9, 24. doi: 10.1186/1747-597X-9-24

325. Vourakis C. (2005). Admission variables as predictors of completion in an adolescent residential drug treatment program. *Journal of child and adolescent psychiatric nursing : official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*, 18(4), 161–170. <https://doi.org/10.1111/j.1744-6171.2005.00031.x>
326. Waddell JT, Sternberg A, Eisenberg N, Chassin L. Longitudinal Relations Among Parental Substance Use Disorder and Adolescent Drinking Behavior: The Role of Temperament, Negative Urgency, and Maternal Parenting. *J Youth Adolesc*. 2024 Apr;53(4):833-848. doi: 10.1007/s10964-023-01886-4. Epub 2023 Oct 21. PMID: 37864729; PMCID: PMC11232500.
327. Wang, J., Simons-Morton, B. G., Farhat, T., & Luk, J. W. (2009). Socio-demographic variability in adolescent substance use: mediation by parents and peers. *Prevention science : the official journal of the Society for Prevention Research*, 10(4), 387–396. <https://doi.org/10.1007/s11121-009-0141-1>
328. Wang Z, Rodriguez-Moreno DV, Cycowicz YM, Amsel LV, Cheslack-Postava K, He X, Ryan M, Geronazzo-Alman L, Musa GJ, Bisaga A, Hoven CW. Shapes of subcortical structures in adolescents with and without familial history of substance use disorder. *Hum Brain Mapp*. 2022 Jun 15;43(9):2759-2770. doi: 10.1002/hbm.25804. Epub 2022 Apr 7. PMID: 35393707; PMCID: PMC9120549.
329. White, A. M., Jordan, J. D., Schroeder, K. M., Loeber, S., Stout, R. L., & Tapert, S. F. (2004). Predictors of relapse during treatment and treatment completion among marijuana-dependent adolescents in an intensive outpatient substance abuse program. *Substance Abuse*, 25(1), 53–59. [https://doi.org/10.1300/J465v25n01\\_08](https://doi.org/10.1300/J465v25n01_08)
330. White, W. (2014). *Slaying the dragon: The history of addiction treatment and recovery in America*. Bloomington, IL: Chestnut Health Systems.
331. White, W. (2016). The recovery school movement: An Interview with Dr. Andrew Finch. Posted at [www.williamwhitepapers.com](http://www.williamwhitepapers.com).
332. White, W. L. (1999). A history of adolescent alcohol, tobacco and other drug use in America. *Student Assistance Journal*, 11(5), 16-22.
333. White, W., & Finch, A. (2006). The recovery school movement: Its history and future. *Counselor*, 7(2), 54-57.
334. White, W., & Godley, S. (2007). Adolescent recovery: What we need to know. *Student Assistance Journal*, 19(2), 20-25.
335. White, W., Dennis, M., & Godley, M. (2002). Adolescent substance use disorders: From acute treatment to recovery management. *Reclaiming Children and Youth*, 11(3), 172-175.
336. White, W., Dennis, M., & Tims, F. (2002). Adolescent treatment: Its history and current renaissance. *Counselor*, 3(3), 60-61.
337. Wiener, R. C., Swager, L. W. M., & Morgan, S. (2020). Adolescent Self-Reported Smoking and Electronic Cigarette Use vs. Serum Cotinine Level, NHANES, 2015–16 and 2017–18. *Journal of Child & Adolescent Substance Abuse*, 29(4–6), 252–260. <https://doi.org/10.1080/1067828X.2022.2060398>
338. William Best, D., & Ian Lubman, D. (2016). Friends matter but so does their substance use: The impact of social networks on substance use, offending and wellbeing among young people attending specialist alcohol and drug treatment services. *Drugs: Education, Prevention and Policy*, 24(1), 111–117. <https://doi.org/10.3109/09687637.2016.1149148>
339. Williams, R. J., & Chang, S. Y. (2000). A comprehensive and comparative review of adolescent substance abuse treatment outcomes. *Clinical Psychology: Science and Practice*, 7, 138-166.
340. Wills, T. A., & Dishion, T. J. (2004). Temperament and Adolescent Substance Use: A Transactional Analysis of Emerging Self-Control. *Journal of Clinical Child & Adolescent Psychology*, 33(1), 69–81. [https://doi.org/10.1207/S15374424JCCP3301\\_7](https://doi.org/10.1207/S15374424JCCP3301_7)
341. Wills, T. A., Resko, J. A., Ainette, M. G., & Mendoza, D. (2004). Role of parent support and peer support in adolescent substance use: A test of mediated effects. *Psychology of Addictive Behaviors*, 18(2), 122–134. <https://doi.org/10.1037/0893-164X.18.2.122>
342. Wills, T.A., Vaughan, R. Social support and substance use in early adolescence. *J Behav Med* 12, 321–339 (1989). <https://doi.org/10.1007/BF00844927>
343. Windle, M. (2000). Parental, sibling, and peer influences on adolescent substance use and alcohol problems. *Applied Developmental Science*, 4, 98-110.

344. Winer JM, Yule AM, Hadland SE, Bagley SM. Addressing adolescent substance use with a public health prevention framework: the case for harm reduction. *Ann Med.* 2022 Dec;54(1):2123-2136. doi: 10.1080/07853890.2022.2104922. PMID: 35900132; PMCID: PMC9341337.
345. Winn, L. A. P., Paquette, K. L., Donegan, L. R. W., Wilkey, C. M., & Ferreira, K. N. (2019). Enhancing adolescent SBIRT with a peer-delivered intervention: An implementation study. *Journal of substance abuse treatment*, 103, 14–22. <https://doi.org/10.1016/j.jsat.2019.05.009>
346. Winters DE, Brandon-Friedman R, Yepes G, Hinckley JD. Systematic review and meta-analysis of socio-cognitive and socio-affective processes association with adolescent substance use. *Drug Alcohol Depend.* 2021 Feb 1;219:108479. doi: 10.1016/j.drugalcdep.2020.108479. Epub 2020 Dec 21. PMID: 33444900; PMCID: PMC7943258.
347. Winters, K.C., Botzet, A.M. & Fahnhorst, T. Advances in Adolescent Substance Abuse Treatment. *Curr Psychiatry Rep* 13, 416–421 (2011). <https://doi.org/10.1007/s11920-011-0214-2>
348. Winters, K. C., & Schiks, M. (1989). Assessment and treatment of adolescent chemical dependency. In P. Keller (Ed.), *Innovations in clinical practice: A source book* (Vol. 8, pp. 213–228). Professional Resource Exchange.
349. Winters, K. C., Stinchfield, R. D., Lee, S., & Latimer, W. W. (2008). Interplay of psychosocial factors and the long-term course of adolescents with a substance use disorder. *Substance Abuse*, 29(2), 107–119. <https://doi.org/10.1080/08897070802093460>
350. Winters, K. C., Stinchfield, R., Opland, E. O., Weller, C., & Latimer, W. W. (1998). Characterizing the effectiveness of the Minnesota Model approach in the treatment of adolescent drug abusers. Manuscript submitted for publication.
351. Witkiewitz, K., Desai, S. A., Bowen, S., Leigh, B. C., Kirouac, M., & Larimer, M. E. (2014). Development and evaluation of a mobile intervention for heavy drinking and smoking among college students. *Psychology of Addictive Behaviors*, 28(3), 639-650. doi: 10.1037/a0034747
352. Wodarski, J. S., Macmaster, S., & Miller, N. K. (2012). The use of computer technology to reduce and prevent college drinking. *Social Work in Public Health*, 27(3), 270-282.
353. Wood, R. J., Drolet, J. C., Fetro, J. V., Synovitz, L. B., & Wood, A. R. (2002). Residential adolescent substance abuse treatment: recommendations for collaboration between school health and substance abuse treatment personnel. *The Journal of school health*, 72(9), 363–367. <https://doi.org/10.1111/j.1746-1561.2002.tb03560.x>
354. Woods, C., Kim, B., Guo, K., Nyguen, T., Taplayan, S., & Aronowitz, T. (2022). Factors That Influence Substance Use Among American Indian/Alaskan Native Youth: A Systematic Mixed Studies Review. *Journal of the American Psychiatric Nurses Association*, 28(1), 37–57. <https://doi.org/10.1177/10783903211038050>
355. Wymbs BT, McCarty CA, Mason WA, King KM, Baer JS, Vander Stoep A, McCauley E. Early adolescent substance use as a risk factor for developing conduct disorder and depression symptoms. *J Stud Alcohol Drugs.* 2014 Mar;75(2):279-89. PMID: 24650822; PMCID: PMC3965682.
356. Yao, P., Ciesla, J. R., Mazurek, K. D., & Spear, S. F. (2012). Peer relations scale for adolescents treated for substance use disorder: a factor analytic presentation. *Substance Abuse Treatment, Prevention, and Policy*, 7,
357. Yildiz, D., Ciftci, A., & Yalcin, O. (2020). The Association between Trauma History, Trauma-Related Psychopathology and Treatment Completion at an Adolescent Inpatient Substance Abuse Treatment Center in Turkey. *Journal of Child & Adolescent Substance Abuse*, 29(1), 58–67. <https://doi.org/10.1080/1067828X.2020.1837319>.

## **Appendix 2: 60 Core Best Practice Competencies for Adolescent Substance Use Prevention, Treatment, and Recovery**

### **1. Comprehensive Screening and Assessment**

1. Conduct developmentally appropriate multidimensional assessments covering substance use, trauma, mental health, and social context.
2. Use validated, developmentally appropriate tools for early identification of risk.
3. Apply risk stratification to guide treatment and peer support intensity and modality selection.
4. Screen for co-occurring disorders, suicidality, and self-regulation difficulties.
5. Monitor emotional regulation and impulsivity as part of ongoing risk assessment.

### **2. Trauma-Informed, Developmentally Aligned Practice**

6. Integrate trauma screening and PTSD-responsive care throughout treatment and recovery support services.
7. Match interventions to adolescents' cognitive, emotional, and identity development stages. Train staff in adolescent cognitive, emotional, and general developmental stages.
8. Avoid punitive models; prioritize emotional safety and consistency.
9. Recognize and address rumination, emotional dysregulation, and exposure to maltreatment.
10. Include trauma-sensitive relapse and crisis planning in every care pathway.

### **3. Youth Engagement and Motivation Enhancement**

11. Use motivational interviewing (MI) techniques across all phases of care.
12. Foster intrinsic motivation and self-endorsed goals, especially with mandated youth.

13. Adapt engagement strategies to youth preferences, values, and learning styles.
14. Support shared decision-making between youth, families, and providers. Support youth empowerment through varied activities (branding, events, hosting meetings, etc.).
15. Reframe resistance and ambivalence into opportunities for autonomy and growth.

#### **4. Cultural Responsiveness and Equity Integration**

16. Provide culturally responsive, gender-sensitive, and identity-affirming care.
17. Use metaphors, modalities, and messaging that reflect cultural heritage and lived experience.
18. Reduce stigma and improve access through inclusive policies and practices.
19. Promote bicultural competence and multilingual service delivery.
20. Audit engagement data for equity and tailor strategies to close access gaps.

#### **5. Family Engagement and Relational Health**

21. Proactively involve families throughout the treatment and recovery support continuum.
22. Implement evidence-based family interventions (e.g., MST, FFT, MDFT, BSFT, CRAFT, etc.).
23. Train staff in compassionate, trauma-informed family communication.
24. Support caregivers' own mental health and relational wellbeing.
25. Facilitate family-based skill-building and communication improvement groups.

#### **6. Peer Influence and Social Network Interventions**

26. Map and assess peer and romantic networks to identify risk/protective patterns.
27. Implement peer-led programs, mentorship, and recovery support services.
28. Modify peer norms through structured group facilitation and influence management.
29. Teach assertiveness and resistance skills to mitigate deviant peer pressure.
30. Address high-risk peer clusters through engagement, leadership training, and structured group work.

#### **7. Emotional Regulation and Coping Skills**

31. Teach emotional regulation, self-awareness, impulse control, and cognitive reappraisal.
32. Integrate mindfulness-based practices and distress tolerance strategies.
33. Embed self-regulation curricula into schools, groups, and family interventions.
34. Use behavioral therapy techniques such as modeling, reinforcement, and role-play.
35. Promote adaptive coping over rumination and avoidance behaviors.

#### **8. Clinical Interventions and Program Delivery**

36. Deliver integrated, multimodal treatment using CBT, MI, family therapy, and contingency management.

37. Maintain treatment and recovery support fidelity through manuals, supervision, and continuous monitoring.
38. Tailor care plans using outcome data and developmental trajectory.
39. Offer both brief and intensive interventions across modalities.
40. Design structured therapeutic environments with youth-specific routines and behavioral norms.

### **9. School- and Community-Based Prevention**

41. Implement multi-tiered school-based interventions and universal prevention.
42. Use social norm correction campaigns and peer-led education in academic settings.
43. Screen early for rumination, social pressures, and achievement-related stress.
44. Coordinate with schools for relapse prevention, academic recovery, and life skill development.
45. Deliver services in accessible settings (e.g., schools, community centers, telehealth).

### **10. Continuity of Care and Aftercare Support**

46. Build seamless referral and re-engagement systems across care transitions. Adolescents have higher rates of relapse and re-engagement skills should focus on nonjudgemental speech.
47. Develop individualized discharge plans with vocational, housing, and peer supports.
48. Use assertive outreach (texts, calls, home visits) to maintain engagement post-discharge.
49. Track youth functioning and wellness for 6–12 months after treatment.
50. Monitor relapse, emotional wellbeing, and social reintegration in aftercare.

### **11. Interdisciplinary Collaboration and Systems Coordination**

51. Coordinate across juvenile justice, child welfare, education, health, and housing systems.
52. Train systems partners on adolescent substance use and trauma recovery.
53. Share care plans, safety protocols, and progress updates to align services.
54. Advocate for policy change to promote integrated, youth-centered care models.
55. Use implementation science principles to ensure sustainability and scalability.

### **12. Supervision, Training, and Evaluation**

56. Provide ongoing training in adolescent development, trauma, and evidence-based practices.
57. Support staff with reflective supervision, especially when managing complex cases.
58. Embed fidelity, quality improvement, and data-driven evaluation into program delivery, especially evidence-based practice approaches, programs and curriculums.
59. Include youth feedback and lived experience in design and evaluation.
60. Promote ethical practice that prioritizes youth voice, consent, and confidentiality.

## Appendix 3: Scientific Role Delineation - 2<sup>nd</sup> Wave Review and Weighting

We started with 60 Competencies derived from a systematic review of 357 adolescent SUD research studies, reviews, and best practice guides. After the first wave of analysis the SME Group (Subject Matter Expert) narrowed those 60 Competencies down to 40 (for peers) and provided editorial feedback. Now we are on the "2<sup>nd</sup> Wave" of analytics. During this phase we are requesting you review these 40 Competencies and simply rate them for "necessity" and "clarity". A smaller 3<sup>rd</sup> wave group will perform final editorial work.

### 40 Youth SUD Peer Competencies

#### I. Youth Integrated Outreach, Screening & Enrollment

- 1. Youth Outreach and Engagement:** Peers connect with youth across schools, hospitals, emergency departments, pediatric care, child welfare, and juvenile justice programs to build trust and link them to services. Outreach may include brief, low-barrier supports—such as peer engagement, SBIRT, motivational interviewing, tele-engagement, and youth-appropriate harm reduction—to reduce obstacles to accessing the full continuum of health and behavioral health care.
- 2. Youth Comprehensive Screening:** Peers use evidence-based, youth-friendly tools to screen for substance use, trauma, mental health concerns, and life challenges.
- 3. Youth Risks Screening and Early Identification:** Through relationship-based conversations and validated, age-appropriate screening tools, peers gather cognitive, emotional, and developmental information—such as trauma history, suicide risk, impulsivity, ACEs, and social determinants of health—to identify early risks and collaboratively connect youth to recovery supports, and treatment as needed.
- 4. Culturally Responsive Recovery Support Service Matching:** Peers develop individualized, culturally relevant youth-driven goals and preferences that align with youth needs, identity, and readiness.

#### II. Trauma-Informed, Youth-Centered, and Inclusive Care

- 5. Universal Trauma-Informed Practice:** Peers embed trauma-responsive principles—safety, trust, empowerment—across all services and systems, including trauma-sensitive relapse and crisis planning.

6. **Developmentally & Culturally Aligned Communication and Care:** Peers adapt and match peer support to the youth's emotional, cultural, psychosocial, and cognitive developmental stages. Youth peers present a basic understanding of adolescent cognitive, emotional, psychosocial, moral, and general developmental stages, including developmental assets, SEL (5 Core Competencies), resiliency and protective factors.
7. **Non-Stigmatizing, Empowerment-Focused Engagement:** Peers avoid clinical diagnostic deficit models, and practice strength-based, youth-led decision-making. Peers avoid punitive models, including surrogate parental shame, guilt and judgement, while simultaneously prioritizing physical/emotional safety, consistency and wellness. Peers include reward models vs. punitive, such as EBP contingency management, token economies, and positive-peer culture service and leadership models.
8. **Culturally Affirming, Identity-Centered Support:** Peers recognize intersectional identities (cultural, gender, and sexual identities, etc.) in recovery support service design, and foster belonging, self-efficacy, autonomy and self-determination.
9. **Safe and Predictable Environments:** Peers ensure physical and emotional safety within the recovery support environment, consistency, and a welcoming design in all youth settings.

### III. Peer Relationship and Motivational Enhancement

10. **Relationship-focused and Relational Trust:** Peers form respectful, non-authoritarian partnerships grounded in affective empathy and consistency, adapting their approach to each youth's preferences, values, culture, communication style, and developmental or cognitive needs.
11. **Competence in Motivational Interviewing (MI):** Peers apply MI across stages of change to reduce ambivalence and foster commitment. They reframe resistance and ambivalence into opportunities for autonomy and growth.
12. **Self-Efficacy and Autonomy Reinforcement:** Peers recognize and celebrate early successes with feedback, praise and celebration to enhance motivation and resilience. They support shared decision-making among youth, families, and providers, and foster empowerment through leadership roles, service projects, youth-led events, and peer-run meetings.
13. **Youth-Defined Goal Setting:** Peers facilitate personally meaningful, values-aligned recovery plans. They foster intrinsic motivation and self-endorsed goals, especially with mandated youth.
14. **Outcome-Based Recovery Planning and Recalibration:** Peers regularly adjust recovery support plans based on data; substance use, progress, school attendance, recovery-oriented changes in peer networks, family feedback, and shifting life circumstances.

### IV. Youth Peer Programming

15. **Proactive Peer Network Mapping:** Peers identify social networks that support adolescents' health, safety and recovery. Peers provide encouragement and linkages to social networks that foster belonging, meaning, identity and recovery.

- 16. Skill-Building for Assertiveness and Boundary Setting:** Peers model and teach refusal skills, emotional expression, emotional regulation, effective communication, and conflict resolution. Peers model and teach assertiveness and relationship skills to support meaningful relationships and self-esteem.
- 17. Structured Youth Programming:** Peers facilitate youth-led groups with staff supervision, accountability, and safety protocols. Peers modify youth norms through structured group facilitation, structured activities and recovery rituals.
- 18. Recovery Storytelling:** Peers facilitate the use of narratives, youth leadership training and peer voice to challenge stigma, promote recovery, and reinforce shared identity.

## V. Family Engagement, Integration and Parenting Support

- 19. Family Systems Involvement:** Peers proactively involve families/caregivers throughout the recovery support service and treatment continuum. Peers include caregivers in recovery support planning, and aftercare. Peers understand and support linkages to evidence-based treatments for families (e.g., EBFT, MST, FFT, MDFT, BSFT, CRAFT, etc.) and mutual aid family support groups. Peers exercise compassionate, trauma-informed family communication. Peers do not collude with youth against families/caregivers or other providers.
- 20. Respect for Autonomy and Confidentiality:** Peers ethically navigate privacy laws while maintaining collaborative family engagement. Peers establish boundaries and crisis protocols for sharing information regarding youth with family. Peers establish these boundaries regarding potential disclosures at the beginning of recovery support services (this may include disclosures regarding substance use/relapses, or other potentially unsafe or risky behaviors).
- 21. Co-Occurring Condition Integration:** Peers recognize mental health and substance use together through coordinated, team-based, family and caregiver care.
- 22. Stepped Care and Service Modulation:** Peers adjust intensity, frequency, and format of peer services based on real-time peer, clinical, youth and family/caregiver input.

## VII. Education, Vocational, and Life Skills Integration

- 23. Recovery-Aligned School Models:** Peers support and develop recovery high schools or embed peer services within mainstream school settings. Peers educate faculty on substance use disorders and treat absenteeism and social withdrawal as behavioral health warning signs rather than the assumption of misconduct.
- 24. Academic–Recovery Coordination:** Peers align educational and recovery goals to prevent conflict and promote coherence. Peers incorporate academics, recreation, service/leadership, and structured peer bonding into youth-centered schedules. Peers work to integrate SEL, cultural and identity pride, and trauma-informed learning within education systems.
- 25. Vocational and Independent Living Preparation:** Peers help youth build skills and confidence for adulthood by teaching job readiness, exploring vocational and college opportunities, and coaching in financial literacy,

housing, and accessing health services. Through modeling persistence and problem-solving, they support meaningful career and independent living goals.

#### VIII. Recovery Capital and Long-Term Support

- 26. Aftercare and Relapse Planning Built into Treatment and Peer Services:** Peers work cooperatively with treatment teams to begin discharge preparation early, including follow-up, booster sessions, and peer support contact.
- 27. Structured Alumni and Ongoing Mentorship Programs:** Peers support maintaining recovery community ties through digital and in-person supports post-treatment.
- 28. Role and Identity Transformation Supports:** Peers reinforce youth's growth, purpose, and belonging through ongoing recognition and celebration.
- 29. Environmental Recovery Planning:** Peers promote protective housing, recovery peer engagement, event-based recovery activities, school connection, service/leadership, and structured routines conducive to recovery. Peers offer consistent access to recovery-aligned hobbies, wellness activities, recovery events, activities and leadership roles.

#### IX. Community-Based and School-Linked Advocacy

- 30. School & Community Advocacy:** Peers promote SEL, substance use education, and recovery peer youth leadership opportunities in school prevention efforts and recovery advocacy endeavors. Peers engage youth as agents of cultural change through education and youth-led strategies.

#### X. Youth Systems Coordination and Recovery Infrastructure

- 31. Youth Recovery Case Management Teams:** Peers link health, education, housing, justice, and peer supports in unified care teams. Peers use assertive outreach (texts, calls, home visits) to maintain engagement pre and post-discharge.
- 32. Clear Referral, Handoff, and Reentry Protocols:** Peers practice standardized transitions and follow-up to avoid drop-offs between services or settings. Transition coordination includes both youth, caregivers and family.
- 33. Digital Infrastructure for Engagement and Monitoring:** Peers use apps, HIPAA-compliant secure messaging (or insecure communication releases authorized by legal guardians), and online tools for care continuity, tracking, and communication.
- 34. Youth Recovery-Oriented Systems of Care (ROSCs):** Peers build youth-centered, scalable ecosystems integrating care, voice, and community alignment.

#### XI. Youth Program Governance, Workforce, and Policy

- 35. Support for Young-Adult “Near Peers”:** Young-adult peers, “Near Peers” engage in support and training from team members and supervisors. Peers are embedded into youth systems as credible lived-experience role models and leaders. Peer teams focus on developing, supporting and training young-adult “near peers” (ages 18-25).
- 36. Staff Development and Competency-Based Supervision:** Peers engage in ongoing training on adolescent development, motivational interviewing, trauma-informed care, identity development, and cultural humility. They support fidelity, quality improvement, and data-driven evaluation of evidence-based programs, and participate in supervision, audits, and reflective practice to maintain quality and adaptability.
- 37. Youth and Family Participation in Governance:** Peers embed young people, family and caregivers in leadership, policy design, and evaluation committees.
- 38. Workforce Diversity, Equity, and Retention Strategies:** Peers support the recruitment, support, and advancement of a representative team with professional development pathways.
- 39. Policy Advocacy for Youth Recovery Equity:** Peers influence reimbursement, youth infrastructure, and workforce policy toward long-term sustainability. Peers train systems partners on adolescent substance use and recovery.

## **XII. Data, Innovation, and Continuous Improvement**

- 40. Equity-Focused Data Collection and Analysis:** Peers implement surveys, councils, and interviews to center youth voice in service refinement. Peers participate in tracking disaggregated outcomes by race, gender, geography, and other indicators of disparity. Peers participate in tracking social functioning, substance use, mental/emotional wellbeing, efforts towards educational and occupational goals, and proactive social connectedness as success indicators.

