

# IRIS Fellowship Research Project Write Up

**Research project title: *The Kids Aren't Alright: Increasing Engagement in Adolescent Clubhouses through Peer Supported Substance Use Prevention and Intervention***

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## Introduction

Adolescents with a family history of substance use are at greater risk of developing a substance use disorder due to genetic predisposition.<sup>1</sup> Adolescents are at even greater risk if they experience Adverse Childhood Experiences (ACEs) and/or exposure to substance use within their family of origin.<sup>2</sup> It is vital to provide targeted supportive services and interventions to this group of young people to prevent or reduce the harms of substance use.

As defined by SAMHSA, risk factors are “characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.”<sup>3</sup> Some familial factors include poor prenatal monitoring, a conflictual or hostile home environment, and family rejection of adolescents’ sexual orientation or gender identity. Social factors include peer pressure, bullying, and association with substance using peers. Low academic achievement and school connectedness are also risk factors, as are mental health concerns, poverty and child maltreatment are also risk factors.

In 2022, the Maryland Youth Risk Behavior Survey captured the need for Harford County to address adolescents experimenting with substances<sup>4</sup>. The Survey identified peer-to-peer support as an essential component for successful recovery, highlighting the urgent need for access to such services, tailored developmentally and for the needs of transition aged youth.<sup>5</sup>

Adolescents impacted by or at-risk for substance use do not have much access to services in Maryland. Existing programs often exacerbate social discrepancies and economic inequality related to access to substances and treatment. There aren't many programs, but those that do exist may be too expensive for youth from low-income backgrounds. The Clubhouse model's community-based approach meets the need where it is at and eliminates many access barriers. There are recovery high schools, but not many, and these also have access issues (private charter schools). Such schools are placed in areas with the greatest need, but that leaves others out. Adolescents also lack access to Recovery Housing. There is a perceived overutilization of juvenile detention facilities and alternative school programs for teens who use substances.

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<sup>1</sup> NIDA. 2019, August 5. Genetics and Epigenetics of Addiction DrugFacts. Retrieved from <https://nida.nih.gov/publications/drugfacts/genetics-epigenetics-addiction> on 2023, April 19

<sup>2</sup> Jackson DB, Jones MS, Semenza DC, Testa A. Adverse Childhood Experiences and Adolescent Delinquency: A Theoretically Informed Investigation of Mediators during Middle Childhood. *Int J Environ Res Public Health*. 2023 Feb

<sup>3</sup> SAMHSA. 2017, September 27. Risk and Protective Factor. Retrieved from <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf> on 2023, April 25th

<sup>4</sup> Maryland Department of Health, 2022 Youth Risk Behavior Survey <https://health.maryland.gov/phpa/ccdpc/Reports/Pages/State-Level-Data%2c-2021-2022.aspx>

<sup>5</sup> Ansel D, Insley S, *Youth Peer-to-Peer Support: A Review of the Literature*, 2013, retrieved from <https://youthmovenational.org/wp-content/uploads/2019/05/Youth-Peer-to-Peer-Literature-Review.pdf> on 2023, March 22nd

Harford County, Maryland is at a resource deficit when it comes to providing accessible treatment options for adolescents who use substances. This has led to the expansion of the “Clubhouse” model that serves as a community-based resource for adolescents ages 12-17 who are impacted by, or at-risk for substance use disorders. These Clubhouses not only provide resources for adolescents, but also support for the family unit.

Clubhouse models strive to create a safe environment through community building through shared experiences, and are rooted in addressing mental and behavioral health needs.<sup>6</sup> While the Clubhouse model is a viable option for preventing substance use, it is even more important to develop programming that keeps adolescents engaged; while maintaining a safe and stable environment. Due to the Clubhouse being a voluntary and no-cost program, it is vital to keep them coming back. In order to keep adolescents engaged, it is important to utilize consistency in regards to program expectations, staffing, and structured programming.

Ashley Addiction Treatment (Ashley), is a not-for-profit organization that provides treatment for adults 18 and over who present with substance use disorders. The Clubhouse by Ashley, seeks to serve adolescents and prevent further substance use while instilling recovery concepts. The program formally launched in a physical space in July 2022, and many concerted efforts were taken to engage adolescents who could benefit from the program. Despite such efforts, data indicated a need for greater engagement, to lift daily attendance and support longer program stays, so youth could derive the greatest benefit. It was hypothesized that by infusing the model with greater attention to peer-to-peer support and responding to members’ expressed desires for programming, engagement and attendance would increase.

To examine the impact of such strategies, the following research question was posed:

1. Does a peer staff and supported, member-driven approach to programming increase engagement and participation in the Clubhouse?

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<sup>6</sup> Raeburn, T, Halcomb E, Walter G, Cleary M An overview of the Clubhouse model of psychiatric rehabilitation. The Royal Australian and New Zealand College of Psychiatrists 2013

## Methods

### Sample and setting

Research participants are Ashley Clubhouse student members from Harford County middle & high schools, ages 12 through 18, who are at risk or impacted by substance use. The program employs 4 Peer Recovery Specialists. Members have completed an intake with staff in which family and adolescent history of substance use is identified.

The Clubhouse by Ashley is located in Aberdeen, Harford County, Maryland. It is open Monday through Friday (Tuesdays by appointment only) from 2pm to 8pm. The hours of operation are intertwined with the Harford County Public School calendar. On half school days, the Clubhouse is open 11am to 5pm. On days in which school is closed the hours are 10am to -4pm.

Transportation is provided to and from the Clubhouse, by Clubhouse peers. Members who attend Aberdeen Middle and High School receive transportation to the Clubhouse via school bus, on days in which school is in session.

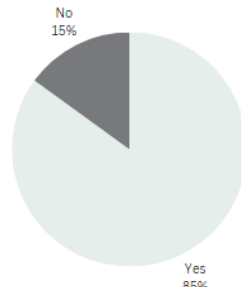
### Variables of Interest and Measures

Based on the model of “Youth Organizing”<sup>7</sup> Ashley staff decided to utilize a peer supported and member-driven approach, predicting that this would lead to greater engagement and attendance.

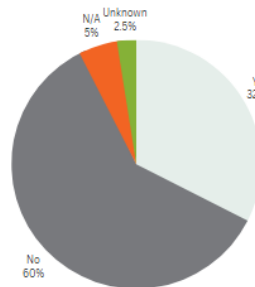
For the member-driven approach, staff noted when adolescents were coming to the Clubhouse, then geared future programming

<sup>7</sup> Funders Collaborative on Youth Organizing, *An Emerging N Youth Development = Youth Organizing*. 2000

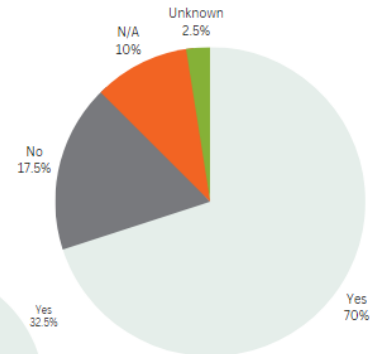
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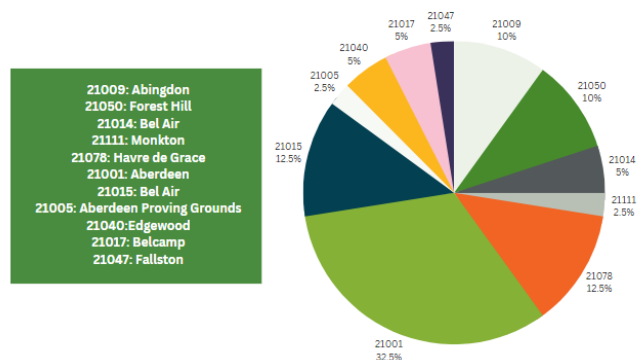
#### Family Members in Recovery



#### Adolescent Aware of Family Members Addiction



#### Membership by Zip Code



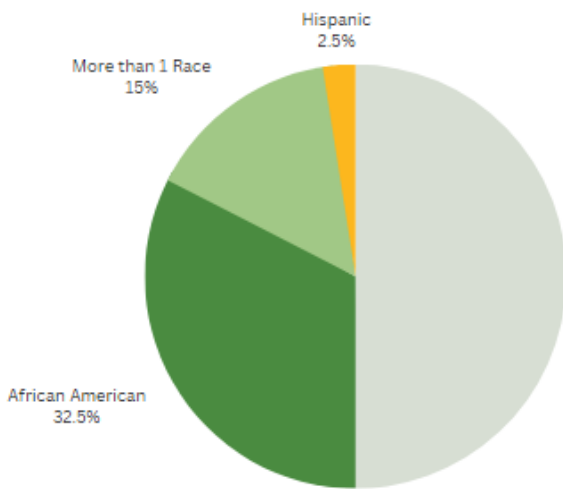
based on this quantitative service use data and trends represented. The program also formed and facilitated a youth leadership council, called the Clubhouse Committee to assist in the management of daily operations of the Clubhouse in February 2023. The Committee meets weekly on Wednesdays, and provided direction on the following:

- A Behavioral Plan, to address breaches of the Clubhouse Code of Honor
- Theme Nights (e.g, 2000's Night, Hot-Pot Night, Movie Nights, Self-Care Night)
- Menu planning for the week
- Speakers from the Recovery Community
- Workshops of interest (e.g, Nicotine Cessation, Healthy Relationships, STD Prevention)

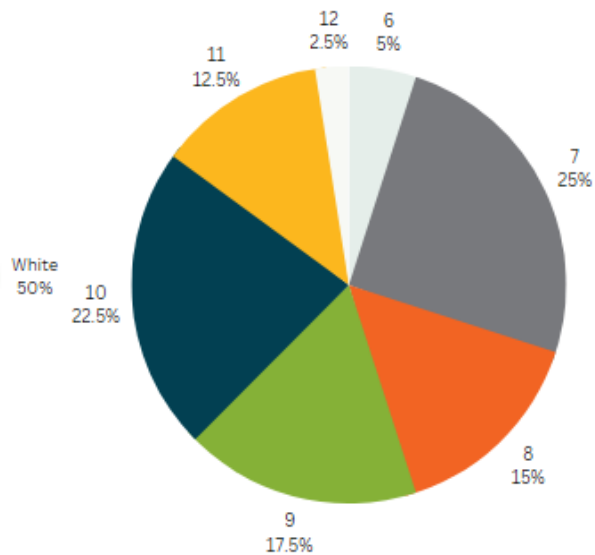
The way we operationalized and measured youth engagement as an outcome variable was the utilization of a Member Feedback Survey, and tracking daily attendance and participation in programming. To record and track attendance as an outcome variable, the One-Tap Check-in app was used on a daily basis.

### Study Procedures and Data Analysis Plan

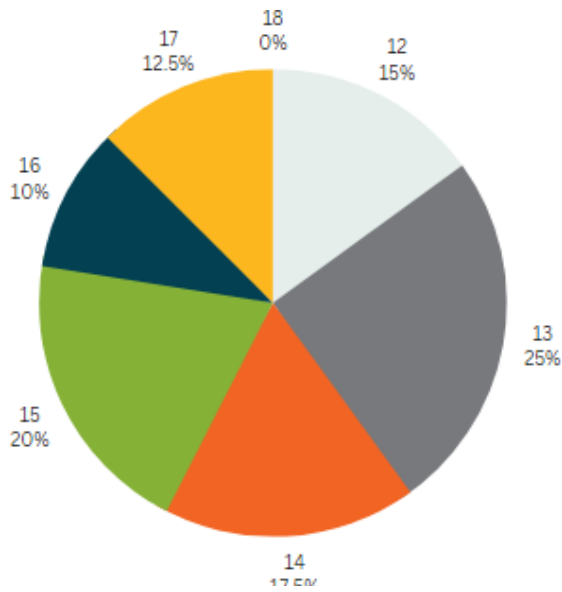
Demographic and background information was collected on research participants through the initial application and intake process. As data reported for this project is primarily program attendance and other forms of engaged participation, there was no additional consent collected besides for the Clubhouse overall, and all Clubhouse youth were included.



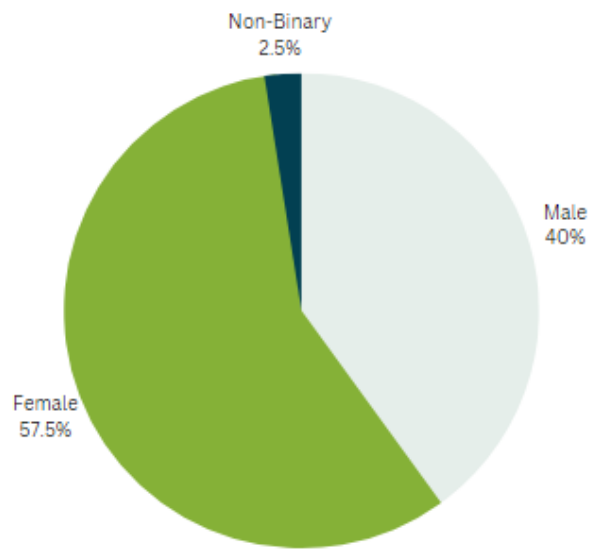
**Membership by Race**



**Membership by Grade**



**Membership by Age**



**Membership by Gender**

Engagement is defined by consistent attendance and participation in planned programming.

Average daily attendance and number of program participants was measured at baseline in January 2023, then evaluated every 7 days to note trends. For program engagement, we measured attendance in correlation with programming planned by the Clubhouse Committee.

## Results

# Clubhouse Attendance



	January	February	March	April	May
Avg. Daily Attendance	3	5.56	8.32	5.64	7.38
Median	3	5	9	6	8
Mode	3	4	9	8	8
Total Number of Participants <small>(non-unique)</small>	45	89	158	79	118
Standard Deviation	1.07	2.31	2.19	2.17	2.25
High/Low (Daily Attendance)	5/1	9/2	12/4	8/2	11/2

Following the implementation of the Clubhouse Committee, members took a greater interest in Clubhouse programming and attendance began to increase through the implementation and planning of theme nights, recovery speakers, and outings.

Committee members also began to identify additional needs amongst each other and worked with staff to identify potential workshop opportunities and theme nights. For instance, following an increase in Nicotine Vape usage among members of the Clubhouse; the committee advocated on behalf of providing a Nicotine Cessation workshop in partnership with the Harford County Health Department.

Attendance began to trend upwards following the initial committee meeting on February 8th and subsequent meetings. Members began to take greater interest in providing insight and feedback regarding existing and potential activities. Additionally, staff solicited consistent feedback from committee members regarding needs and areas of improvement for the program during scheduled meetings.

## **Discussion**

When adolescents are empowered to make decisions regarding programming, they are more invested in programming and are more likely to attend. Utilizing peers to provide feedback in planning increases therapeutic rapport and builds confidence in decision making.

As the state continues to identify methods of support for adolescents at-risk or impacted by substance use, the Clubhouse model serves as a viable option to address community needs. In order to ensure the sustainability and success of these programs, keeping adolescents engaged is an important task. Utilizing a peer supported and member-driven approach, greatly contributed to increased engagement and attendance within the Ashley Adolescent Clubhouse.