

Youth Empowered by Sobriety (Y.E.S.) A New Approach to Alternative Peer Groups Addressing Substance Use in Teens



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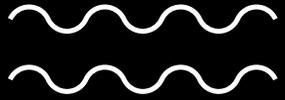
Jessica has 13 years of recovery and currently works a 12-Step Program. She is passionate about helping others by sharing her story and letting others know that people with the same experience can overcome addiction. Jessica has worked in different treatment settings such as outpatient, medicated-assisted treatment, co-occurring disorder, and residential programs. Currently she is working with adolescents in school districts with Rise Recovery in San Antonio, TX. She earned her Associate's Degree in Applied Science, Certification in Addiction Studies, and Certificate level in Drug and Abuse Counseling.



Valarie Koch (McDonald), LCDC
Vmcdonald@riserecovery.org

For nine years, Valarie has maintained her sobriety from drugs and alcohol. Her recovery journey has inspired her to become an advocate and share her story while encouraging others to seek help and break the stigma around addiction. With experience in a variety of treatment settings, Valarie's passion for substance abuse and mental health continues to grow. She is currently pursuing her Graduate Degree in Clinical Mental Health Counseling at Texas A&M San Antonio.





"To help teens, young adults and families overcome the effects of drugs and alcohol and partner with the community in education and prevention."





1971

The Palmer Drug Abuse Program (PDAP) started in 1971 at the Palmer Memorial Church in Houston, Texas by the parish priest who was also a person in recovery. Originally designed to help adolescents using the 12 steps modified for youth, the program grew to work with adults and family members.

1977

Reverend John McNaughton of Christ Episcopal Church learned of the success of the PDAP groups blooming around Texas and opened PDAP- San Antonio.

1984

PDAP-San Antonio received its first United Way funding and started to expand to be able to reach more of the community.

1986

PDAP expanded to the north side of San Antonio and opened the first Northside Center.



1988

PDAP expanded to the south side of San Antonio and opened the first Southside Center.

2013

PDAP-San Antonio re-branded as Rise Recovery in the effort to expand the programs. PDAP is now a program of Rise Recovery.



HOME OF THE PALMER DRUG ABUSE PROGRAM

2015

Through a state grant Rise Recovery started a new program called the Youth Recovery Community Center(A center just for teens and young adults under the age of 21).

2017

The Rise Recovery Training Institute was established to help health care providers, mental health professionals, recovery paraprofessionals, students, and members of the recovery community.



A group of people are sitting in a circle on a dark, textured blanket. They are holding colorful paper flowers in various colors like red, yellow, blue, and green. The scene is dimly lit, suggesting an indoor setting at night or in a low-light environment. The people are wearing casual clothing, including a red and black plaid shirt and a blue shirt. The overall atmosphere is one of community and shared activity.

LEARNING OBJECTIVES

**RECOGNIZE THE ROLE OF PEER-LED
ALTERNATIVE GROUPS (Y.E.S.)
IN ADDRESSING SUBSTANCE USE**

**LEARN THE DIFFERENCE BETWEEN A PEER
AND A CLINICIAN**

**STRATEGIES FOR SUPPORTING
INDIVIDUALS WITH SUBSTANCE USE**

**UNDERSTAND THE IMPORTANCE OF
COMMUNITY FOR RECOVERY SUPPORT**



What is the Y.E.S. Program?

- Rise Recovery's Y.E.S. (Youth Empowered by Sobriety) Program is a community-based, flexible, and immediate-entry program model that receives referrals for care through each Independent School District (I.S.D.).
- This program allows anyone who has experienced or is experiencing negative consequences related to drugs and alcohol to gain insight into their use, access a peer network of support, and find resources throughout the community to help aid in their recovery journey.

HOW IT WORKS

Receive a referral from the School Social Worker, School Counselor for substance use services.

Referrals can also come straight from the student or parents.

Meet with them to do intake/orientation of the program.

We then go into the school and meet with students one on one once a week to work on building coping skills, harm reduction methods, and relapse prevention.



Youth Newcomer Survey

(Ages 12 - 17)

NOTICE: THE INFORMATION YOU PROVIDE ON THIS DOCUMENT IS PROTECTED BY FEDERAL LAW AND WILL, UNDER NO CIRCUMSTANCES BE RELEASED WITHOUT YOUR WRITTEN CONSENT. YOUR PARTICIPATION IN FILLING OUT THIS INFORMATION IS VOLUNTARY. DOING SO HELPS DIRECT OUR RELATIONSHIP WITH YOU AND SUPPORTS OUR ABILITY TO PROVIDE NO-COST SERVICES TO YOU.

Today's Date: _____

Is this your first time at Rise Recovery? (Please check the appropriate box)

- Yes
- No

How did you hear about us? _____

- Check here if you came to Rise Recovery by way of the 24 hour helpline.

First Name _____ Middle Initial _____ Last Name _____

Preferred Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

County _____ Phone Number _____

Email Address _____ I would like to receive recovery resource emails.

City Council District: _____ Gender Identity: _____

- Council District 1- Alamo Heights
- Council District 2- Boerne ISD
- Council District 3- Comal ISD
- Council District 4- East Central ISD
- Council District 5- Edgewood ISD
- Council District 6- Fort Sam Houston ISD
- Council District 7- Harlandale ISD
- Council District 8- Judson ISD
- Council District 9- Lackland ISD
- Council District 10- Medina ISD
- Outside city limits (OCL) *Look at Pg 5

- Male Transgender Female
- Female
- Transgender Male
- Gender non-Binary
- Gender not listed here

I identify myself as:

- Heterosexual or Straight Gay or Lesbian
- Different Identity Bisexual

Household Composition: _____ Estimated House Income: _____

- Single parent household
- Two-parent household
- Family household w/ grandparent as guardian
- Other family household (no children under 18)
- Single Person household
- Non-family household (Shelter, Oxford House)
- Other

- \$0 - \$5,000
- \$5,001 - \$9,500
- 9,501 - 19,000
- 19,001 - 26,500
- 26,501 - 37,000
- 37,001 - 43,500
- 43,501 - 55,000
- 55,001 - 60,000
- 60,001 - 70,000
- \$70,001 - \$75,000
- \$75,001- \$85,000
- \$85,001- \$95,000
- \$95,001- \$130,000
- \$130,001- \$150,000
- \$150,001- \$160,000
- \$160,001- \$170,000
- \$170,001- \$180,000
- \$180,001- \$190,000
- \$190,001- \$200,000
- \$200,001 & over

1

Groups

Depending on the number of participants in each school we also offer weekly groups.

Group Topics can include:

- Understanding the Risks of Substance Use
- Building Resilience and Coping Skills
- Peer Pressure and Refusal Skills
- Decision-Making and Goal Setting
- Identifying and Managing Triggers
- Healthy Communication and Relationship Skills
- Media Literacy and Advertising Influence
- Understanding the Science of Addiction
- Creating a Supportive Environment
- Long-Term Planning and Life Skills

What is a PEER?

A peer is a person with lived experience of recovery from mental illness or addiction. By combining this experience with skills learned in formal training, peer specialists (e.g., certified peer specialists, peer support specialists, and recovery coaches) deliver services in behavioral health settings to support long-term recovery.

A Peer Specialist is NOT a Clinician.



Guiding Principles

Peer Specialist Perspective	Overlap	Clinical Perspective
<p>Work is guided by the Principle of Mutuality defined as a focus on the connection between the Peer Specialist and the peer wherein there is reciprocity.</p>	<p>Unconditional positive regard for the individual being served.</p>	<p>Clinicians are in the role of helping and supporting participants with a focus on diagnosis, identification of strengths and treatment. There is not an expectation of reciprocity in clinician/participant relationships.</p>

Guiding Principles

Peer Specialist Perspective	Overlap	Clinical Perspective
Focus on learning together rather than assessing or prescribing help.	A desire to support recovery and the person's achievement of their human potential.	Focus on assessing and helping.

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Guiding Principles

Peer Specialist Perspective	Overlap	Clinical Perspective
Emphasis on sharing and exploring life experiences where both individuals share personal experiences and perspectives.	The importance of connection, finding common ground, and respect.	Emphasis on exploring program participants' experiences, with less expectation for the clinician to share their personal experiences.

Guiding Principles

Peer Specialist Perspective	Overlap	Clinical Perspective
<p>There are many ways to understand the experience of what gets diagnosed as mental illness: bio-psycho-social; spiritual; cultural; distress as teacher; altered states; a natural variation of human experience, etc.</p>	<p>A commitment to support the person in making meaning of their experience.</p>	<p>The bio-psycho-social approach is the main framework for diagnosis and treatment while utilizing a cultural competency framework.</p>

Guiding Principles

Peer Specialist Perspective	Overlap	Clinical Perspective
<p>Do not participate in the delivery of involuntary interventions such as commitment to a hospital or outpatient commitment.</p>	<p>Both clinicians and Peer Specialists recognize the importance of choice and self-determination in the recovery process.</p>	<p>Involuntary interventions such as commitment to a hospital can be justified as clinicians struggle to balance the Duty to Care with the Dignity of Risk.</p>

Guiding Principles

Peer Specialist Perspective	Overlap	Clinical Perspective
<p>Trained to be advocates for and with participants. Advocacy may include speaking up about participant's needs and goals, and/or coaching participants in speaking for themselves. Advocacy may also include advocating for participant's legal rights, civil rights and human rights.</p>	<p>Both clinicians and Peer Specialists strive to listen carefully to the needs, preferences, goals and aspirations of participants.</p>	<p>Many are trained in recovery oriented practice which is strengths based, person-centered and aimed at supporting participants in achieving their unique goals.</p>

Understanding Systematic Barriers

- Motivation for change
 - Stigma
 - Discrimination
 - Waiting List
 - Financial difficulties
 - Anxiety about disclosing emotions to others
-



Prevention Methods

Enhancing family economic support

Changing social norms to support parents and positive parenting

Early provision of high-quality care and instruction

Improving parental abilities to support healthy child development

Intervening to reduce harms and eliminate risk in the future (Adverse Childhood Experiences [ACEs], 2020).





Emphasizing Inclusivity

- At Rise Recovery, we create a community with our participants that is richly diverse in cultural backgrounds, experiences, values, and viewpoints.
- We do this by clarifying the misconceptions that society has about addiction. Rise Recovery values the differences in our roads to recovery, and we have found ways to level the playing field by letting each participant know that they belong here by providing them with a judgment-free zone!

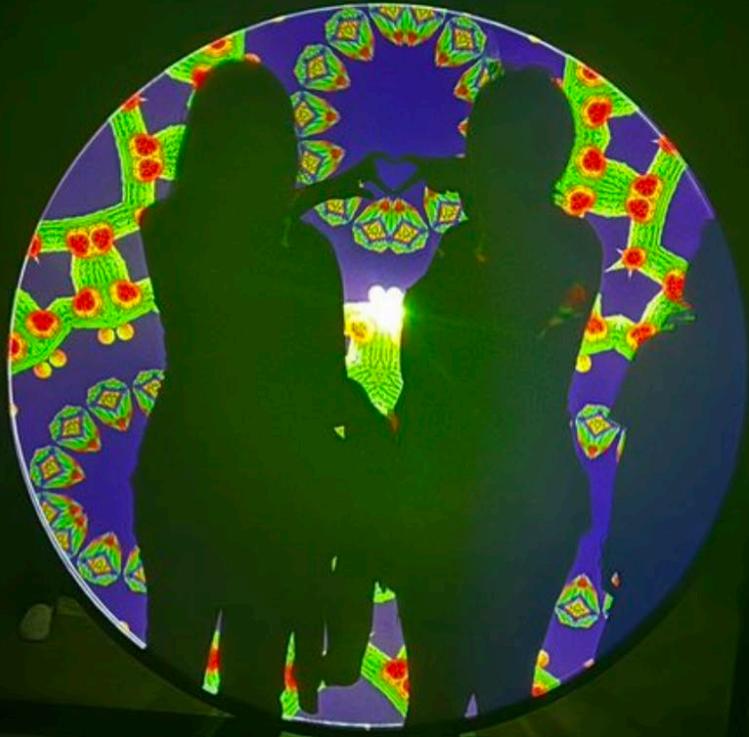
Statistics on APGs

A 2011 study compared the perceived attachment to parents of adolescents in an APG (Alternative peer groups) to students from a local high school.

- Adolescents enrolled in APGs reported greater attachment to and improved communication and trust with their parents compared to the control group.
- Parents of APG-enrolled adolescents also reported improved relationships with their children and other family members.
- APGs taught parents effective boundaries and how to support their adolescents in recovery.
- The study found 2-year solid sobriety rates of 89-91% for youth who completed treatment in an APG, surpassing those of non-APG attending youth (Rochat et al., 2011).
- Another study found that APG participants described their APG as a place where they found a positive peer group, where they were accepted and learned new ways of coping with problems without using drugs or alcohol (Nelson et al, 2015).



Providing Culturally Competent Care





Engaging the Community

- Rise Recovery is dedicated to serving our community by offering various outreach services.
- We actively contribute to the community by providing educational and preventive programs.
- We collaborate with schools by engaging parents, faculty, and students.
- Additionally, we participate in community events like food drives.

FUN IN SOBRIETY!

Rise Recovery promotes the idea of enjoying a FUN fulfilling life in sobriety!

- The Y.E.S. team organizes a monthly activity for our teens that is completely FREE of charge, including transportation services to and from the location.
- We also incorporate a 12-step meeting with the activity.
- Some examples of activities include:
 - Bowling
 - Tye Dye Party
 - Park Picnic
 - Aquarium
 - Movie Night/Game Night
 - Pumpkin Painting



Youth Leadership Program

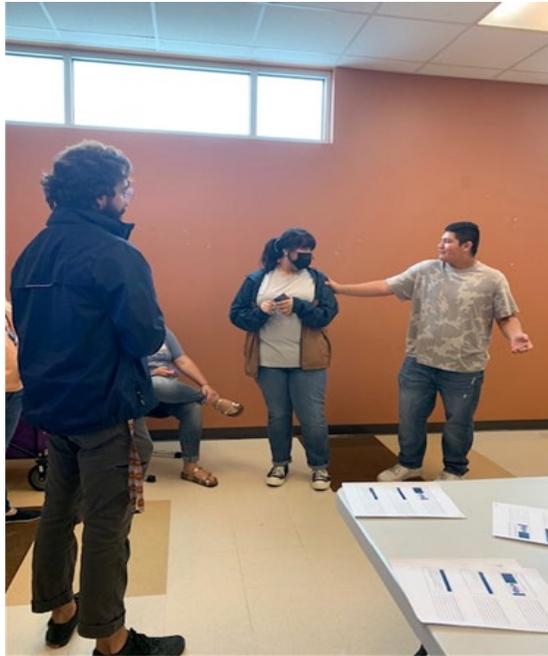
- This program was created to promote student advocacy surrounding substance abuse and mental health.
- The program is in two phases.
- Phase One: the students are to complete five sessions on effective communication styles, how to make a positive impact on others, how to be a leader, and the importance of mental wellness.
- Phase Two: the students put their skills to the test! They are to create a presentation, panel, etc., regarding the topic they feel is essential to address. Once completed, they present to the audience of their choice! Whether that be staff, parents, or their peers.





Encouraging Youth Empowerment

- At the core of youth empowerment is the belief that young people are capable of incredible things. When young people have exposure to inspiring ideas and opportunities and the tools to build their confidence – they can take on anything and everything. With the Youth Leadership Program, we assist our students by utilizing their voice to be advocates for substance use and mental health.
- We believe that an empowered young person recognizes their capabilities, self-determination and worth. And they feel comfortable trying new things.



We asked our Youth Leadership Participants of what change means to them and how they can inspire change in their community. They shared their thoughts and made their own quotes of what change means to them.

QUOTES From YLP

**"LITTLE CHANGE CAN MAKE A BIG DIFFERENCE."
-PEER LEADERS**

**"Making changes can show a life lesson."
-YLP participant**

**"Change the way you look at things and the things you look at will change."
- YLP Quoted from Dr. Wayne Dyer**

**"Let your change shine with others."
-YLP participants**



**"Change doesn't happen immediately, it takes time."
-YLP Participant**



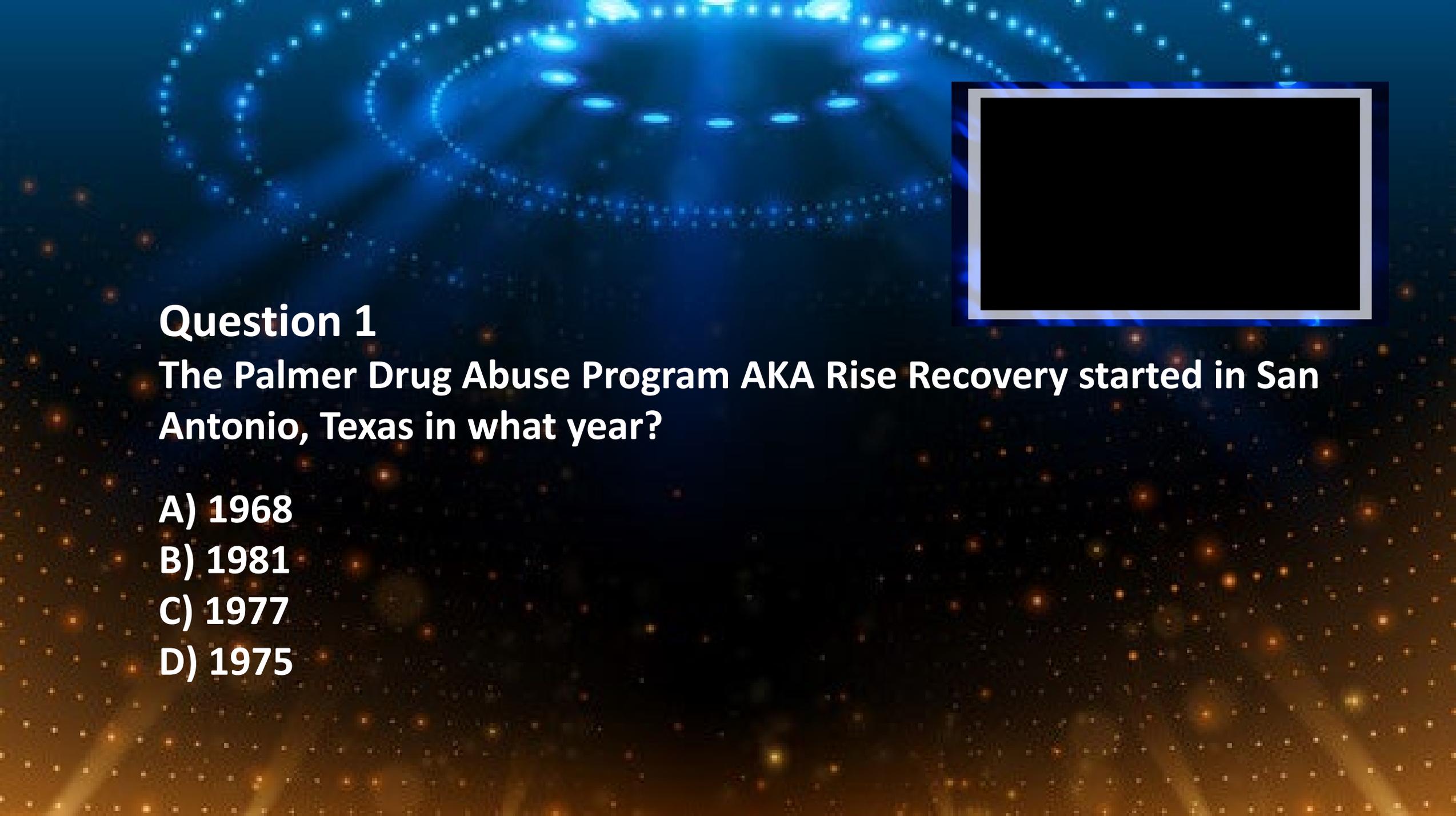
TRIVIA



How to Play

- Raise your hand as soon as you hear the timer, and we will randomly pick you to answer.
- You will have 30 seconds to answer each question.
- If you get the answer correct you can get a prize!
- If you get it wrong, we will select another person to answer.





Question 1

The Palmer Drug Abuse Program AKA Rise Recovery started in San Antonio, Texas in what year?

- A) 1968
- B) 1981
- C) 1977
- D) 1975



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Fill In the Blank

Question 2

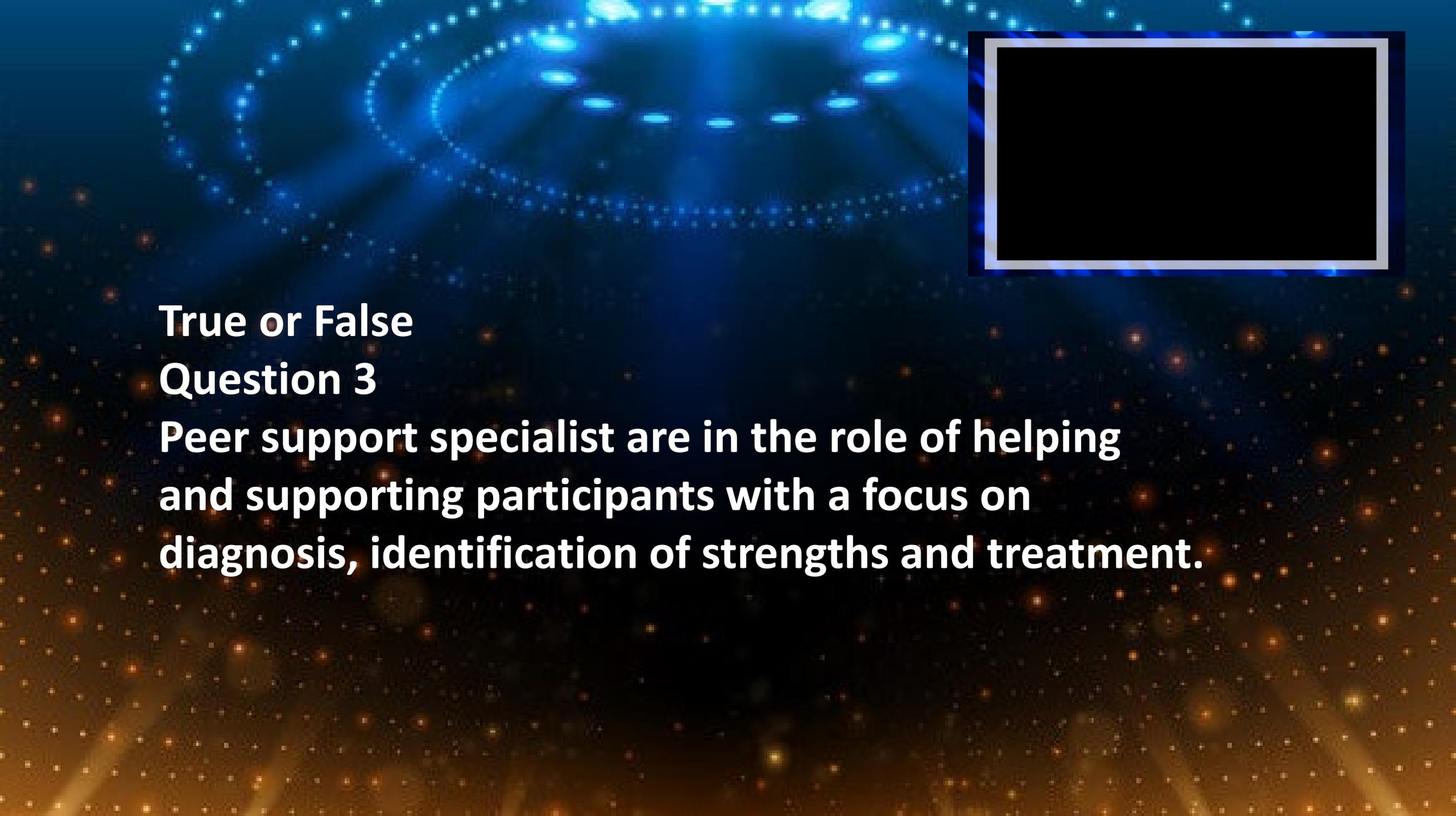
A _____ is a person with lived experience of recovery from mental illness or addiction.



Fill In the Blank

Question 2

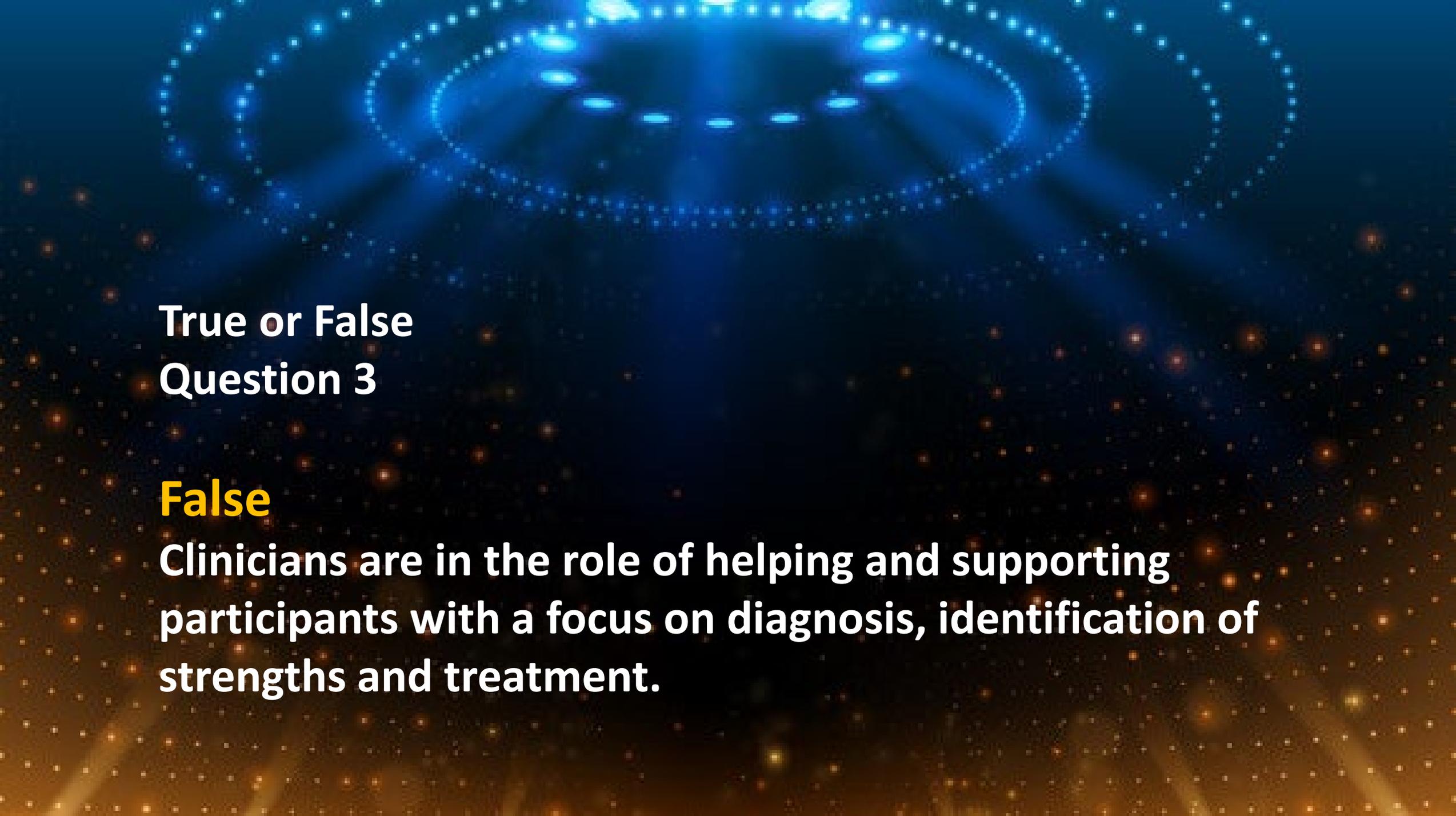
A Peer specialist is a person with lived experience of recovery from mental illness or addiction.



True or False

Question 3

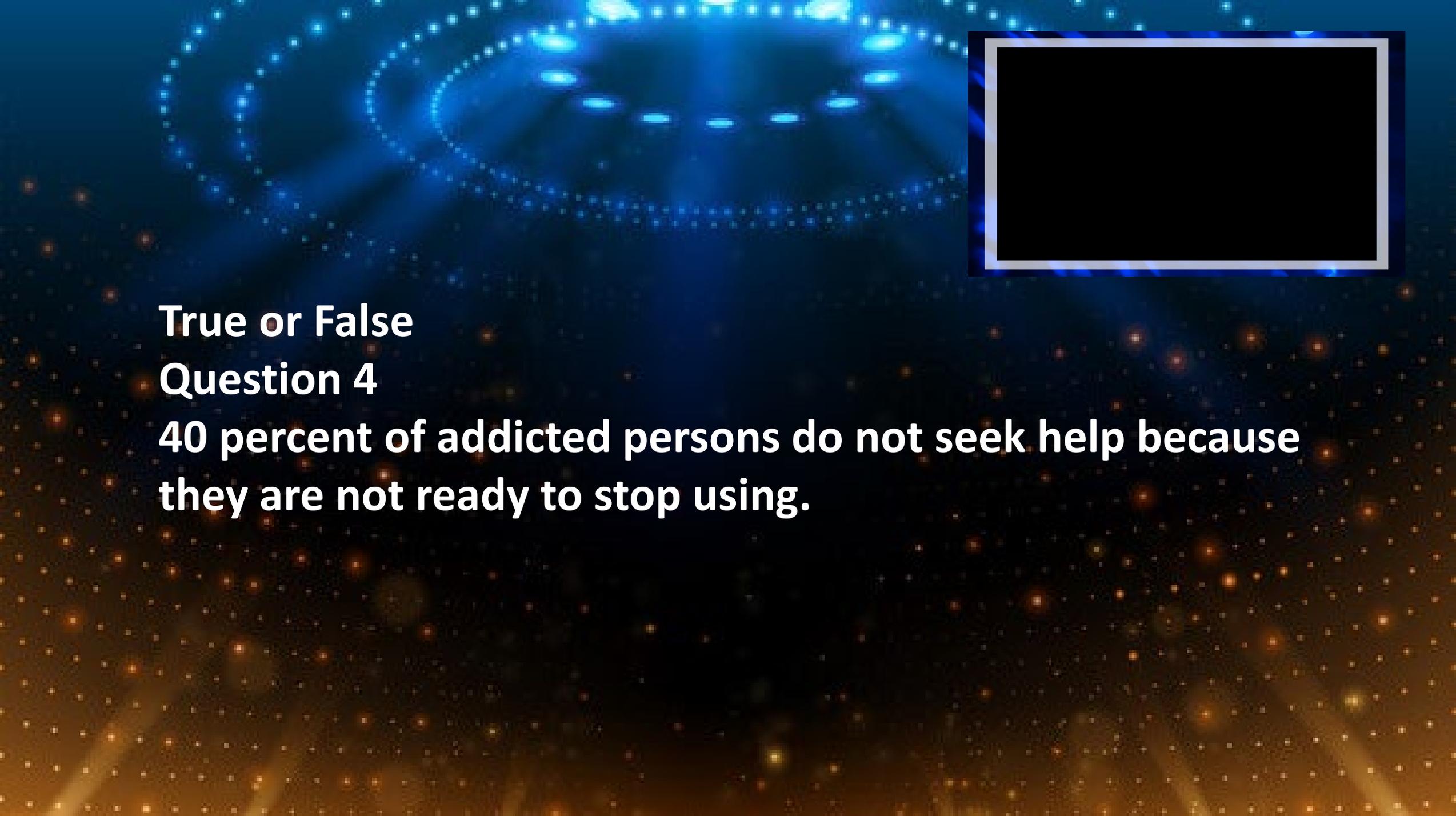
Peer support specialist are in the role of helping and supporting participants with a focus on diagnosis, identification of strengths and treatment.

A glowing blue tunnel with a starry background. The tunnel is composed of many small, bright blue dots that form a perspective view, leading towards a bright light at the end. The background is a dark blue space filled with numerous small, golden-yellow stars of varying sizes and brightness.

True or False
Question 3

False

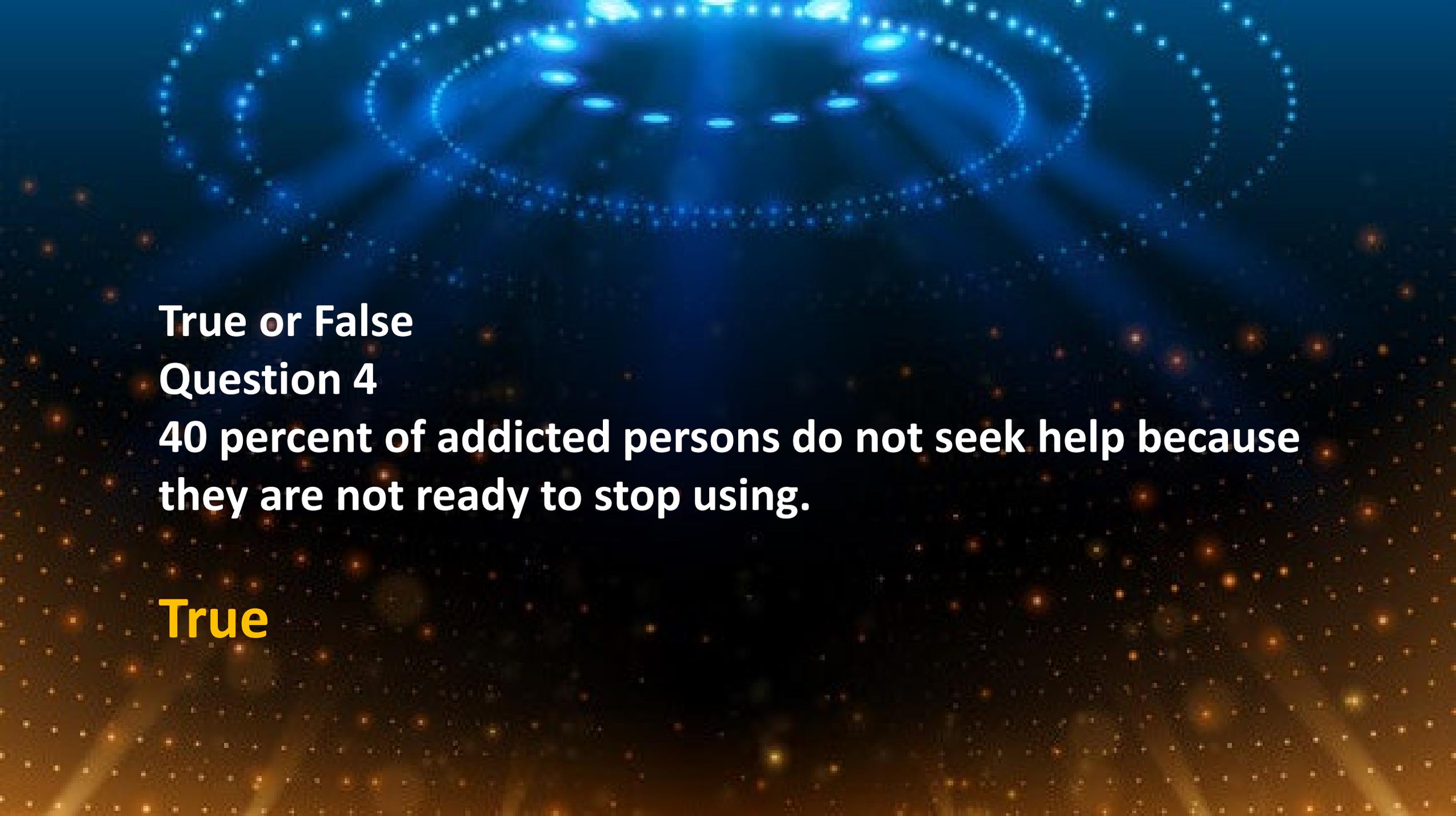
Clinicians are in the role of helping and supporting participants with a focus on diagnosis, identification of strengths and treatment.



True or False

Question 4

40 percent of addicted persons do not seek help because they are not ready to stop using.



True or False

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True

Question 5

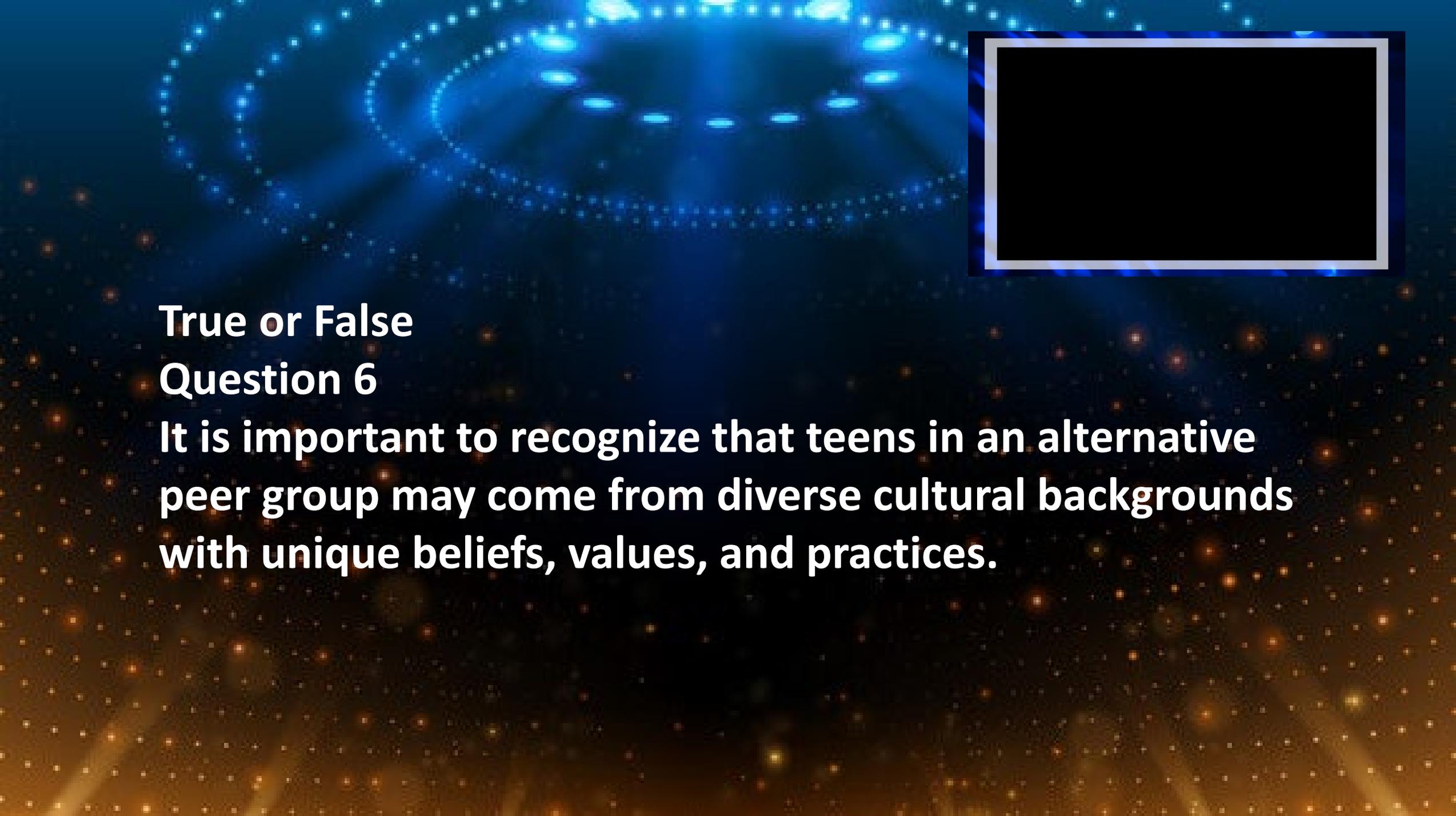
In 2013, 316,000 addicted persons willingly tried to get professional treatment. They did not, however, receive it. What percentage of individuals did not have health insurance to cover the costs?

- A) 53%
- B) 65%
- C) 37%
- D) 15%

Question 5

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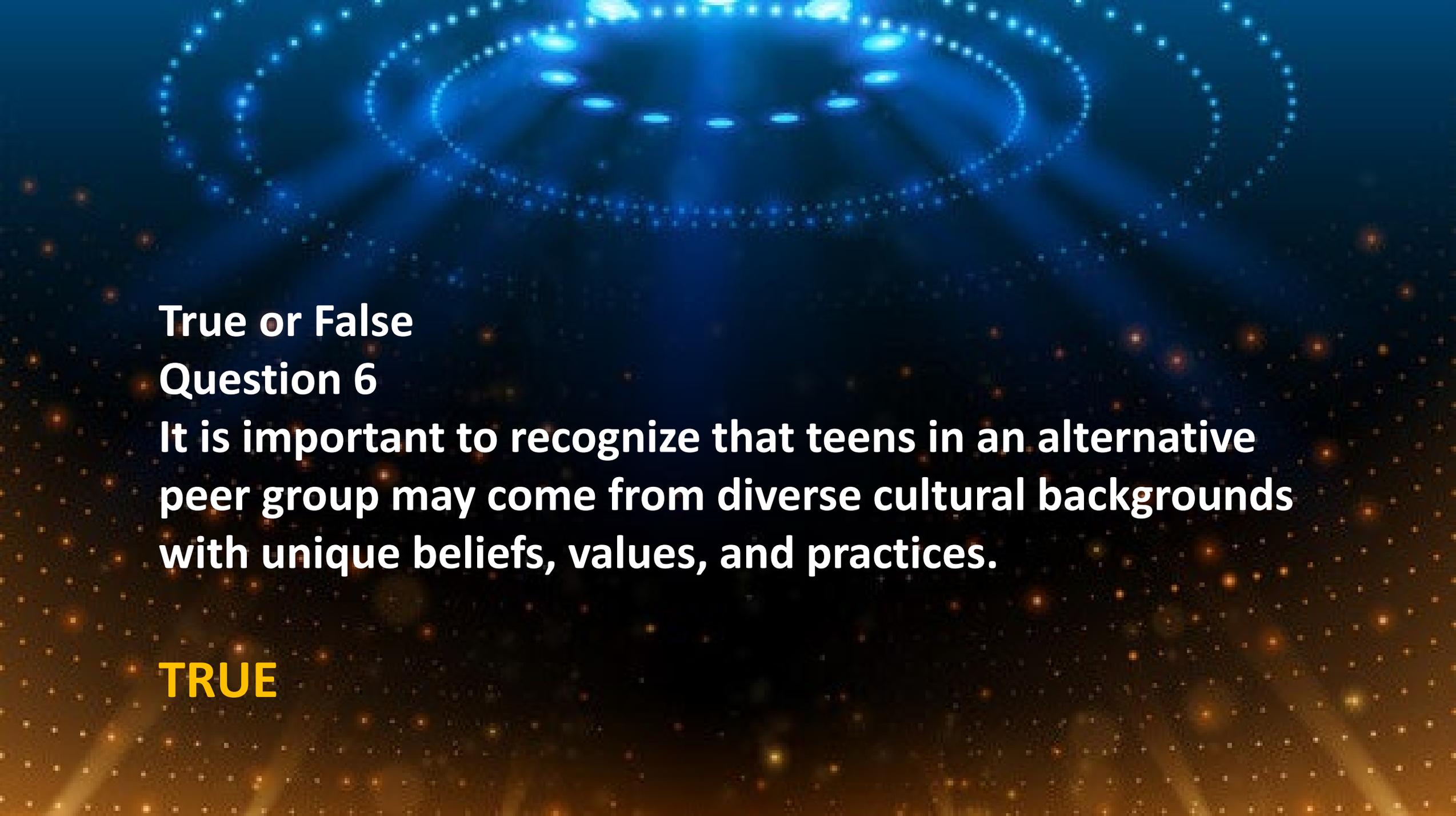
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True or False

Question 6

It is important to recognize that teens in an alternative peer group may come from diverse cultural backgrounds with unique beliefs, values, and practices.

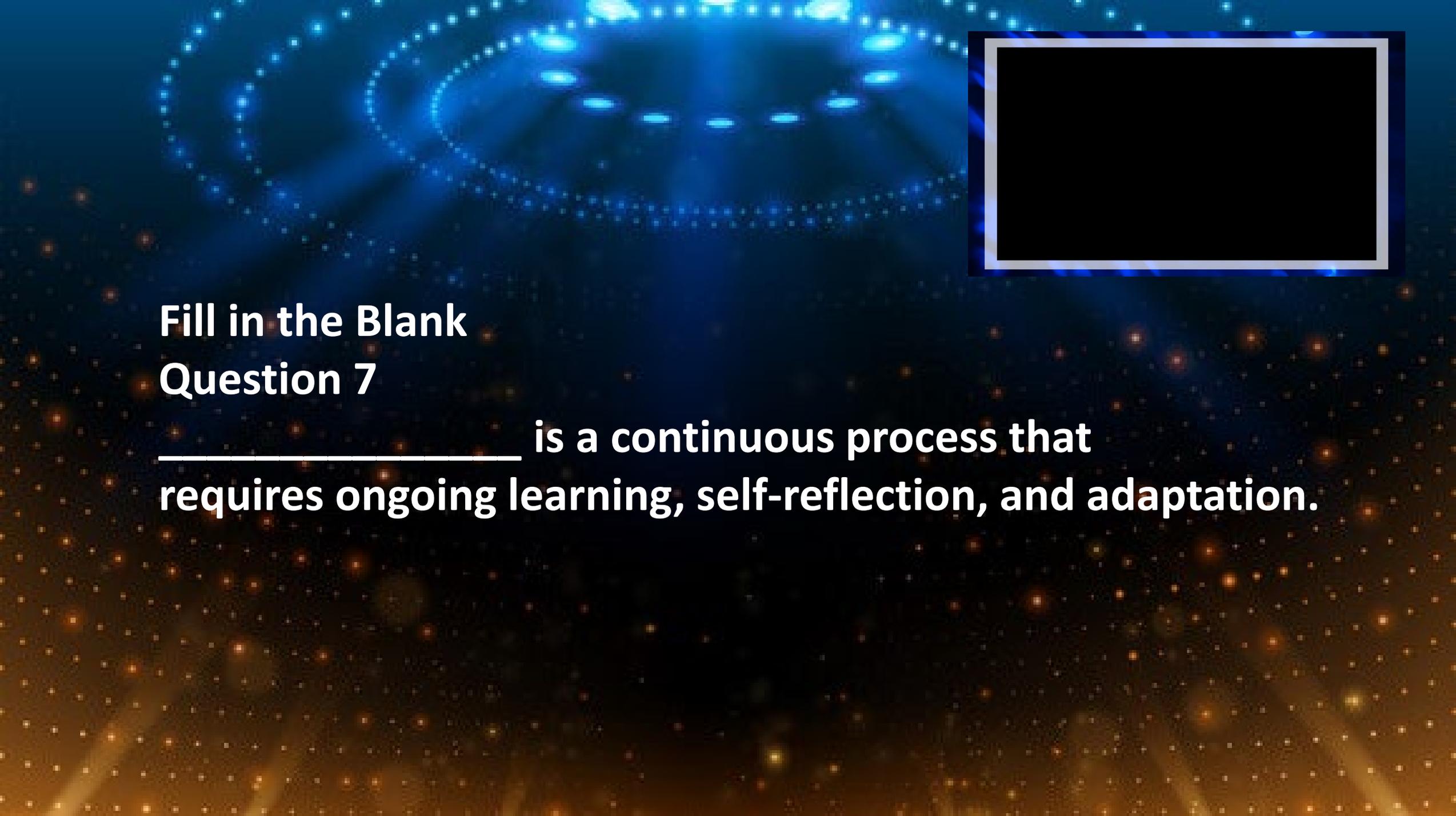
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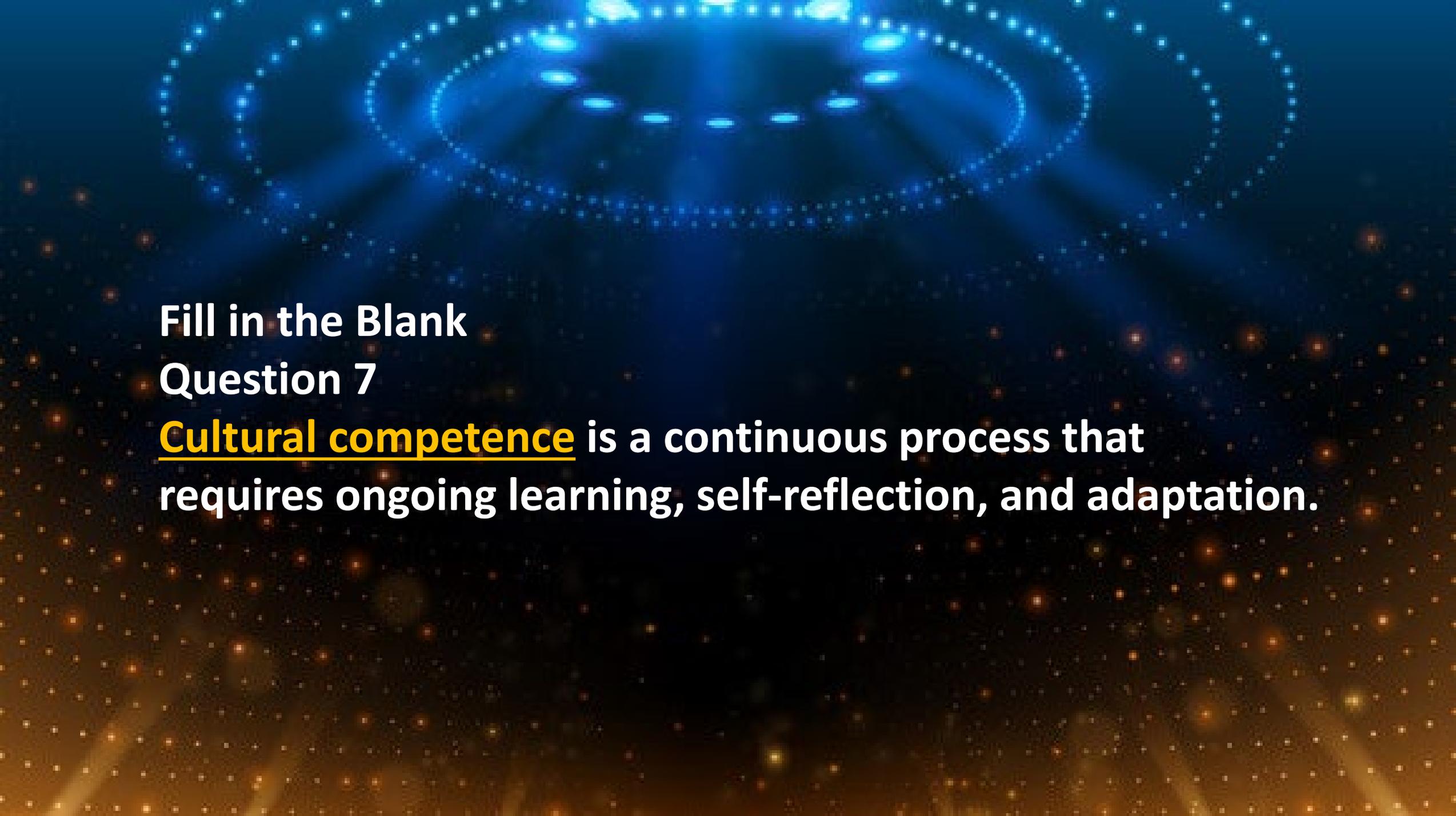
TRUE



Fill in the Blank

Question 7

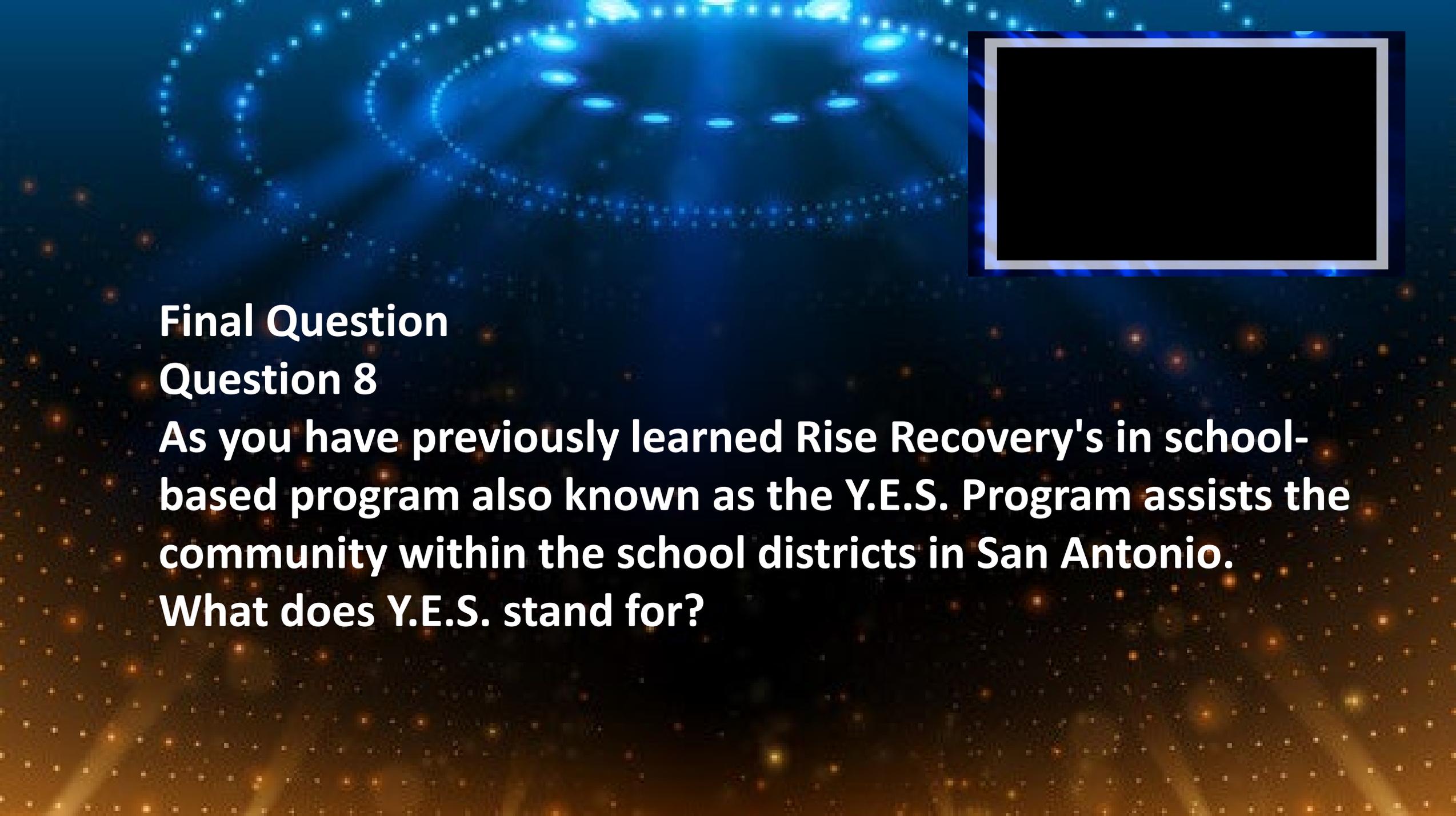
_____ is a continuous process that requires ongoing learning, self-reflection, and adaptation.



Fill in the Blank

Question 7

Cultural competence is a continuous process that requires ongoing learning, self-reflection, and adaptation.



Final Question

Question 8

As you have previously learned Rise Recovery's in school-based program also known as the Y.E.S. Program assists the community within the school districts in San Antonio.

What does Y.E.S. stand for?

Final Question

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As you have previously learned Rise Recovery's in school based program also known as the Y.E.S. Program, assists the community within the school districts in San Antonio. What does Y.E.S stand for?

YOUTH EMPOWERED BY SOBRIETY



THANK
YOU

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