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“A lot better than it used to be”: A qualitative study of adolescents’ dynamic social recovery capital

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Abstract

Background.—Substance use recovery is a dynamic process for youth, and social networks are tied to the recovery process. The *Recovery Capital for Adolescents Model* (RCAM) situates the resources accessible through social networks – social recovery capital (SRC) – in a larger framework of developmentally-informed recovery resources. This study aims to investigate the social network experiences among recovering youth enrolled in a recovery high school to understand how social influences help to build, or act as barriers to building, recovery capital.

Methods.—To gain insight into these networks, Social Identity Maps and semi-structured interviews were conducted with ten youth ages 17-19 years (80% male; 50% non-Hispanic White). Study visits were conducted virtually, recorded, transcribed, and thematically analyzed using the RCAM as an organizing framework.

Results.—Results supported that adolescent social networks play a unique and multifaceted role in the recovery journey. Three key nuances emerged: change permeates adolescent networks throughout the treatment and recovery process; shared substance use history and non-stigmatizing attitudes play a key role in connecting with others; and SRC is interconnected with human, financial, and community recovery capital.

Conclusions.—With adolescent recovery receiving increased attention from policy makers, practitioners, and researchers, the *RCAM* may be a useful way to contextualize available resources. Findings suggest SRC as a crucial, yet complex component intertwined with all other forms of recovery capital.

Keywords

adolescence; recovery capital; social identity map; social network; substance use

Alcohol and drug (AOD) use recovery is a complex and dynamic process (Finch et al., 2020; Hennessy, 2018). Although AOD recovery traditionally leveraged ideals of abstinence, recent conceptualizations incorporate characteristics extending beyond abstinence such as quality of life, wellbeing, and the attainment of goals (Best & Hennessy, 2021; Best & Ivers,

2021). Despite increased uptake of the recovery concept, most recovery science scholarship has focused on adults (Finch et al., 2020). As adolescence is a unique developmental stage, research and practice may benefit from a more nuanced understanding of youth recovery. Social networks, especially peers and parents, are known influencers of youth behavior. However, little is known about the composition of social networks and how these interacting forces – along with existing forms of recovery capital – influence youth experience and behavior. This study seeks to fill that gap by examining recovering youth’s reflections on their social networks.

Background

Decades of research demonstrate a clear link between social networks and health (Umberson et al., 2010; Durkheim, 1951). More recent investigation into youth’s social networks indicates the long-term importance of social networks and health, which is not surprising given that learning to cultivate and manage peer relationships is a central developmental task of adolescence (Umberson et al., 2010). The relationship between adolescent social network characteristics and substance use has received extensive attention. For example, adolescents are more likely to start drinking after exposure to alcohol-using peers (Leung et al., 2014), closer friends have a larger effect on drinking alcohol and cigarette use compared to more distal friends (Fujimoto & Valente, 2012), levels of peer alcohol and marijuana use influence personal alcohol and marijuana use (Coronges et al., 2011), and parental and peer alcohol use increase the occurrence of alcohol-related negative consequences (Grigsby et al., 2016). Although there are clear links between social networks and adolescent substance use, there is limited understanding of how social groups might influence recovering adolescents.

The Social Identity Model of Recovery provides a theoretical pathway for how social influence and recovery are intertwined (SIMOR; Best et al., 2016). The SIMOR proposes that an integral part of recovery is the change in a person’s social world and their socially derived sense of self (i.e., their identity). During recovery, a person’s most salient identity shifts from being defined by groups where values and norms revolve around AOD use to groups whose norms and values encourage recovery (Best et al., 2016). Individuals internalize and maintain a recovery-oriented social identity through increasing engagement with recovery and non-using groups and decreasing engagement with groups who use substances. The recovery identity supports recovery maintenance by being more accessible and meaningful. Being engaged in developmentally-appropriate recovery-oriented groups, such as recovery high schools (RHS), may provide the social context for a recovery identity to form (Finch et al., 2014; Finch & Frieden, 2014; Nash et al., 2019).

Although social networks are a strong influence in recovery, they are situated within a larger ecosystem. The *Recovery Capital for Adolescents Model* (RCAM) suggests there are resources at several ecological levels and in four primary domains (Hennessy et al., 2019): human recovery capital (HRC); financial recovery capital (FRC); social recovery capital (SRC); and community recovery capital (CRC). HRC encompasses personal characteristics/skills that support recovery (e.g., school achievements, emotion regulation, and mental health). FRC includes tangible resources held by adolescents or accessed through their families (e.g., money, transportation, treatment access). SRC comprises connections to

others which can provide emotional support and access to their network's capital (e.g., sober and supportive friends). CRC incorporates community and macro-level factors (e.g., addiction-related stigma, availability of treatment/recovery community supports).

Aim.

Although the RCAM incorporates SRC, which includes social elements, research literature has not contextualized the experiences and perceptions of youth SRC within this broader framework. A more nuanced understanding of SRC may help practitioners better support adolescents and aid in their recovery identity development. The current study aims to elucidate some of the complexities of youth SRC and recovery capital development in AOD recovery by exploring their personal reflections on their social network changes during their recovery.

Methods

The Massachusetts General Hospital IRB approved all protocols for this study prior to recruitment. The protocol was registered in OSF (https://osf.io/8vdcp/?view_only=02544c530b0746dd812a78b9d8c008b3).

Participants

Youth in recovery aged 12-19 were eligible to complete a study visit (n = 10; 2020-2021). Participants were purposively sampled from several recovery-relevant sources in the United States, but we had a majority of youth who were enrolled in an RHS agree to participate. Thus, in this manuscript we focus on this specific sub-sample of youth in a RHS as they likely had more similar recovery journeys than those who did not have this experience. Youth under 18 years of age were consented with their parents present. All participants received a \$35 gift card.

Procedures

The study visit involved a guided creation of a Social Identity Map for Addiction Recovery (SIM-AR; Beckwith et al., 2019) followed by a semi-structured interview. Youth also completed a brief demographic survey that included questions on age, gender, and race/ethnicity. The SIM-AR (SIM) is an ecologically valid way to capture complex network data not easily collected through quantitative measures. Participants created the SIM through a series of questions prompting them to identify groups in their social networks and the following group characteristics: number of group members, time spent with group, level of importance of group, level of identification with group, level of alcohol or substance use among group member, and perceived commonality and conflict between self/group and groups with each other.

As the interview followed the SIM process, the interviewer asked youth to reflect on the information presented in the SIM they had just created. The interview guide then elicited reflections from the SIM to better understand how the youth viewed their own recovery in relation to social network factors (e.g., size, composition). For example, participants were asked, "When you look at your finished map, what do you see, and what does it make

you consider about yourself?” as well as “What does your map tell you about the recovery journey you are on?”

Analysis

Interviews were transcribed verbatim and entered into the qualitative analysis software NVivo (Release 1.5). Although the semi-structured interviews prompted youth with questions about their social networks as perceived from their SIM, in their responses, the youth also referenced a range of other non-social factors related to their recovery process. Initial review of the transcripts suggested that each *RCAM* domain was addressed to varying degrees during an interview and supported using it as an initial organizing frame to contextualize youth reflections. Thus, the first author reviewed the interviews and constructed an initial codebook using the *RCAM* as an organizing framework. For example, *a priori* codes of HRC, FRC, SRC, and CRC were used to capture both recovery capital strengths and barriers for each domain, with subsequent, related codes created and nested within these four domains. The other study team members reviewed the initial codebook, and the codebook was refined in an iterative coding process whereby the study team coded overlapping samples of the interviews. This process occurred until percent agreement between team members was above 90% for all codes. Insight was obtained regarding the youths’ experiences of their social networks through the constant comparative method, which aims to identify conceptual connections, use categorization to highlight similarities and differences, and discover patterns (Strauss & Corbin, 1990).

Results

Of the ten youth in the study (Table 1), the majority were male (80%) and half identified as non-Hispanic, White (50%). They were on average 17.86 years old ($SD = 0.69$; $n = 7$).

One overarching theme from the interviews was that youth’s social networks, and their SRC, are interconnected with the other recovery capital domains. **Change** and **Connecting Mechanisms** were identified as two primary organizing themes within SRC (Table 2). Subthemes of **Change** within SRC included: (1) *Group change process* (including *change in recovering and sober friends*, *change in using friends*, *change in family*, *future network composition changes*), (2) *Grief/loss*, and (3) *Future network composition changes*. There were also two subthemes of **Change** related to HRC: (1) *Perspective shift* and (2) *Recovery actions*. Subthemes of **Connecting Mechanisms** within SRC included: (1) *Identity*, (2) *Dual influence*, and (3) *Group comparisons*. Other coded subthemes that were interconnected with these larger themes included FRC and CRC strengths and barriers. These thematic elements and their subthemes exemplify the complexity and dynamism of youths’ SRC: see Figure 1 which visualizes the interconnectedness of these themes from an *RCAM* perspective.

Change

Change was prominent throughout participants’ responses and discussed as a process of life and recovery and in connection with their social networks. Many youth acknowledged an awareness of how their life needed to change, to transition into recovery, or achieve their

life goals. For example, P103 reflected, “Yeah, like I have all these goals... I have to do something about it, and that’s when I was like, alright, I need to start making change.”

Change was also referenced in relation to aspects of *HRC*. For example, the quote above incorporates the HRC theme of *perspective shift*. Youth often noted how at various points in their journey, particularly while in early recovery, their outlook on addiction and recovery shifted. The capacity of an individual to make this recognition was linked to changes in the youth’s life, including their social networks. For example, upon reflecting on the previous six months, P107 remarked: “I realized a lot about myself. I realized that I’m not a little kid anymore, I can’t do whatever. I got to grow up.” He shared that one thing that had helped to create changes for him was “talking about my feelings”.

Group change process—The interviews revealed how social network groups developed and changed over time. P121 remarked:

I don’t think it was all at once at all. It’s been each kind of area of my relationships has improved over time. My family relationship probably started to improve around six months ago. But the people at college are only as of four months ago. And I think my close friends have changed a lot over the course of COVID... And recovery network has been building over the course of the past, well, year and a half.

Change in recovering and sober friends. A subtheme that appeared across most participants was the creation of a recovery or sober group after entering recovery and enrolling in an RHS. Participants described the development of a recovery network comprised of treatment providers, peers in recovery, or staff at the RHS, and most participants spoke positively about their recovery network’s influence. P121 stated: “my recovery network helps me stay sober, is always there for me.” When asked about positive influences, P108 answers: “A lot of people in [Alcoholics Anonymous] and at the house and my sponsor that have been helping me out a lot.”

This change in sober friends seemed directly linked to a youth’s *CRC*; these new relationships appeared to be a result of engaging in their RHS. Additionally, several youths spoke about getting ready to attend college and the recovery support available at those institutions. One youth intended to live in a sober dorm, and another spoke about the collegiate recovery program (CRP), which was already holding virtual recovery meetings for incoming students. Youth’s ability to connect with recovering and sober friends and develop those relationships was situated in available *CRC* (e.g., RHSs and CRPs). Of note, the desire and ability to attend college are also indicators of both *HRC* (successful school completion and college acceptance) and *FRC* (financial resources to access college).

Change in using friends. One aspect of youth’s changing networks involved the loss of some friends. Some reported actively removing friends while others reported losing friends involuntarily. Those who discussed actively removing friends often did so to preserve their recovery. P105 acknowledged that social network members can have a significant effect on recovery: “I knew this already, but I keep my circle really small. Even three

people can bring you down.” P121 expressed happiness about the fact that she no longer has using friends: “it makes me extra glad to have the friends I have and not my drug friends anymore.” P113 described the involuntary loss of friends when she stopped using substances: “that’s when I started going to programs and then people just kind of, like, you know, when they saw that I wasn’t able to, like, smoke or drink or do whatever, they started distancing themselves, which happens when, like, you know, you’re trying to do better or whatever.” For some, these network changes were described as painful (*grief/loss*), but also motivating for maintaining progress. For example, P103 shared that his girlfriend died from an overdose. This network change was a painful experience for him, but he shared how her memory motivated his recovery.

Change in family. Another change that occurred for many youths were their family relationships, which had often improved. P103 mentioned moving in with his dad after living separately for many years. In response to reflecting about the differences between current and previous social networks, he reflected, “And family and me would be horrible. But now it’s better, like, it’s not fully back, but it’s definitely, like, a lot better than it used to be.” P121 noted how her family relationships improved over the previous six months, coinciding with the changes she had been making.

Several reflections in this subtheme also represent available *FRC*. For example, attending treatment and/or a RHS would not be possible without the resources necessary to enroll or access transportation. P103 mentioned how his father drives him daily to catch the 5:55am train to attend his RHS. The access to reliable transportation (personal and public) are forms of *FRC* accessible through the family. Families and youth who have access to *FRC* provides flexibility to choose which treatments or schools are the best for their situation and to attend mutual-aid groups and recovery events.

Future network composition changes. When asked what they might like their future networks to look like, many participants expressed a desire to remove friends who actively use and develop new friendships, especially with people who are sober or in recovery. P108 stated, “I’d like the drug friends to be cut out of the equation” while P103 suggested that “maybe I should take a break with hanging out with addicts.” He added: “I would like to put all my drug addict friends in the sober friends.” The desire to see his using friends as part of his sober group demonstrates a complicated understanding of network composition. He did not simply wish to remove people who are using substances from his network. Instead, he spoke about helping those in his network transition to recovery with the intent of improving their wellbeing, a motivating intent that can be viewed as *HRC*.

Perspective Shift—The *HRC* code, *perspective shift*, often appeared intertwined with developing *SRC*. *Perspective shift* entailed adolescents viewing their social ties or their own position within their network differently than they had previously. The shift in perspective may be considered as an internal capacity because it is a personal cognition that could facilitate recovery broadly and/or social network changes specifically. For example, P123 shared:

I've also come to terms with the fact that people kind of come and go, and just moving on with your life and doing what I need to do for myself is really important, and I can't latch on to people like I used to.

P103 also referenced how the SIM facilitated a shift:

This [SIM] helps a lot actually... just looking at it... I gotta stop being so helpful, I guess, all the time and worry about myself... I got sober and, like, automatically I just want to help. And then once I don't feel like I've fully got there, I get sad and I get depressed and I'm like... why am I here so stressed out about someone else when I can't even help myself out right now.

Recovery actions—The *HRC* code, *Recovery actions*, involved specific actions that adolescents took to support their recovery, many of which involved their social networks. *Recovery actions* is *HRC* because it requires that participants intentionally assess and align their current behavior to support their recovery. These actions were discussed as a point of pride and accomplishment. P103 discussed starting to attend church to find new friends because “they ain't gonna offer me... It's just like I gotta try new things, because I'm so used to the same old, same old”. P121 noted, “It's just good to see the strides I've made to improve the people in my life actually play out.”

Some of these recovery actions were driven from the knowledge and support received via their *CRC*. For example, P106 shared he attended mutual-aid meetings and has a sponsor and a recovery coach. P112 started tracking his friend's substance use because the *RHS* “taught me that it's the people that I surround myself around, um, that I can really be susceptible to peer pressure”.

Connecting Mechanisms

Connecting mechanisms were identified when youth spoke about how or why a personal connection was created between themselves and other people or groups. Aspects of *HRC*, *FRC*, and *CRC* also appeared within the theme of connecting mechanisms. *Recovery actions* were highlighted when individuals choose to put themselves in situations or environments where they could connect with others in recovery and build new relationships to support their recovery journey. For example, P121 chose to live in a “dry” dorm at college. Choosing to do so involved getting connected with the collegiate recovery program, an aspect of *CRC* and the ability to attend college and live in a dry dorm suggests a certain level of *FRC*.

Identity—*Identity* emerged as a mechanism through which youth connected with others. P103 self-labeled as an “addict” and shared that this identity helped him connect to others. P112 shared that their LGBTQ+ social group was “so wide, and it's such a broad scale, but it's also a part of my life.” Although individuals expressed multiple identities, they also shared how they felt their identities and behaviors were not always consistent. P113 revealed, “I'm like a double-faced person, because how I am with [church group], I'm nothing how I am with, for example, my immediate family.”

Dual Influences—One subtheme that emerged was that using friends can serve as both a support and a barrier to recovery (i.e., *dual influences*). Relating to using friends and

recovering friends was a common facilitator of relationships. P103 shared “I think I connect to [using friends] more, because there’s just no judgement”. Yet, he later described feeling stressed during some experiences with them and thought this might be a recovery barrier despite their connection. P113 shared, “It’s complicated, because they [best friends] understand, and they want to help, but it’s like I can’t tell them don’t drink just because I don’t drink, right, and they’re always going to let me drink with them.” Some participants maintained friendships with using friends who they felt close to, but did not feel their use was a barrier. Other participants discussed that some recovery groups were not easy to connect to and could get in the way of their recovery. P123 stated, “I was going to a couple meetings that kind of fell apart, and I didn’t really want to go anymore, just because of the people that were there.”

Group comparisons—The interviews uncovered awareness of the many connections and unique roles that participants’ different social network groups served. In discussing these groups, participants compared how these groups influenced them in different ways. For example, P121 shared,

My college friends, are positive in the academic sense... They encouraged me to be the best version of myself and work hard. And they also are really-- make me excited about next year. My recovery network helps me stay sober, is always there for me. Same with my close friends... And my family is positive, and just they support me in, literally, every way. And people at school... really supported me with applying to college and in my day-to-day life.

Similarly, P103 highlighted one perceived reason why his social groups have different roles:

My family helps me. But, if anything, I usually go to the addicts or my sober friends, because I can tell them anything in the whole world and they won’t say a single thing and be like get out of here.

Discussion

Recovery is a personal process implying change, yet it does not take place in isolation, and is best understood within the larger social context (Best & Ivers, 2021; Dekkers et al., 2020a; Dekkers et al., 2020b; Timpson et al., 2016). Despite efforts to elucidate the influence of adolescent social networks on substance use (Montgomery et al., 2020), little investigation has explored the nuances of how recovering adolescents perceive their social networks. To begin to address this gap, this study utilized Social Identity Mapping and interviews with adolescents enrolled in an RHS. Our findings suggest the nature of social networks among recovering adolescents is dynamic and multifaceted (e.g., Figure 1). More specifically, three key findings emerged: dynamic change permeated adolescent networks through their recovery journey; shared using history and perceived non-judgmental attitudes were integral in connecting with peers; and SRC was intrinsically linked with human, financial, and community recovery capital.

Although previous studies have noted the gradual shift in the makeup of peers that use substances during recovery (Best et al., 2016), the types of bonds and speed of these

changes may be different for adolescents compared to adults (Dekkers et al., 2020a). One complication may be the vastness of recovery-related change occurring: all major relationships were influenced by an adolescent's recovery status. These network changes and the rate of those changes are important to understand as clinicians, peers, and family members work to support adolescents through different phases of recovery (Best et al., 2016) and they all do so in different ways through their different roles (Hennessy et al., 2022; Nash et al., 2019). Future research should examine how adolescent recovery influences the developmental task of cultivating and maintaining relationships. As well, examining how both the recovery capital resources and difficulties (e.g., "pains"; (Patton et al., 2022)) of the recovery process influence this journey and the various turning points associated with it, are necessary to understand recovery trajectories among youth who initiate this process (Bellaert et al., 2022).

The double-edged nature of adolescents' social ties became apparent. Some friends were an emotional, non-judgmental support yet also provided easy access to AOD or normalized AOD use. Adolescents shared that peers who actively used or were in recovery did not judge them and "understand" their experiences because of their shared using history. Having network members that are perceived to be supportive and non-stigmatizing is critically important; yet, balancing the decision to spend time with individuals who are supportive yet continue to use substances was expressed as contentious. Although others only see peers who use substances as a risk, adolescents in this study identified how relationships with using peers were often more complex. Thus, deeper understanding of the role and type of supports that different network members play should be explored before clinicians or family members suggest social group changes. Without new relationships to provide social support, simply dropping friends from one's network may cause the recovering adolescent to feel socially isolated.

Recovering adolescents' networks appear to be constructed, maintained, and modified through a complex web of mechanisms and identities controlled in part by adolescents' own choices and actions (in some cases, as HRC). Their responses suggested a strong interconnectedness between all four domains of recovery capital. For example, these adolescents displayed an ability to reflect on their networks that was insightful, a concept that others have identified in recovering adult populations (Best & Ivers, 2021; Ivers et al., 2018). Insight plays a vital role in the growth experienced by individuals throughout their recovery process and the ability of adolescents in this study to name and discuss the strengths and barriers that peers play suggests that insight is a common characteristic among recovering adolescents. Families and other supportive adults may improve adolescent recovery networks through linking them to CRC via developmentally-appropriate recovery supports such as RHSs and youth focused mutual-aid groups (Finch et al., 2020), as well as by getting more personally involved in the recovery process such as through the family programming offered in an alternative peer group (Hennessy et al., 2022).

In addition to these findings, this study also begins to demonstrate how the SIM-AR sparked deeper reflection of oneself within one's social network. Adolescents reported that the SIM-AR helped them visualize their embeddedness in their network and the connections between their groups. More than one participant remarked that they intended to share the

SIM-AR with their therapist, suggesting further clinical utility of the tool. Future research on social networks and health may benefit from employing the SIM-AR.

Although findings from this study further illuminate the social networks of recovering adolescents, there are limitations to consider when interpreting these findings. First, the sample was comprised of only RHS students and so may represent adolescents with more severe substance use (Hennessy & Finch, 2019; Tanner-Smith et al., 2018). As well, given the pilot nature of the study, we collected limited information on youth's characteristics and recovery journeys. Second, despite attempting to recruit participants aged 12-19, the recruited sample consisted of older adolescents, and findings may not generalize to younger adolescents. Third, ten adolescents participated in this study. Additional adolescents in recovery may have provided deeper insights. However, recent empirical analysis suggests that qualitative studies often reach saturation within a narrow range of interviews (9-17), especially with relatively homogenous study populations (Hennink & Kaiser, 2021).

Conclusion

Adolescent social networks play a multifaceted yet integral role in their substance use and recovery journey and there is strong interconnectivity between SRC and the other recovery capital domains. Youth in this study demonstrated ways they acted to make changes and provided evidence of how they felt supported by others and had a larger community that provided sources of CRC. Findings from this study also indicate that there is no quick fix to addressing the social experience of youth in recovery. There are many changes during the recovery journey and social network change does not come easily. Thus, youth may need support to develop skills to create new recovery relationships and settings that provide these opportunities. The use of a facilitated SIM-AR and interviews in this study also highlights how the SIM-AR may be useful as a self-reflection tool for adolescents to use in their journey and warrants further investigation.

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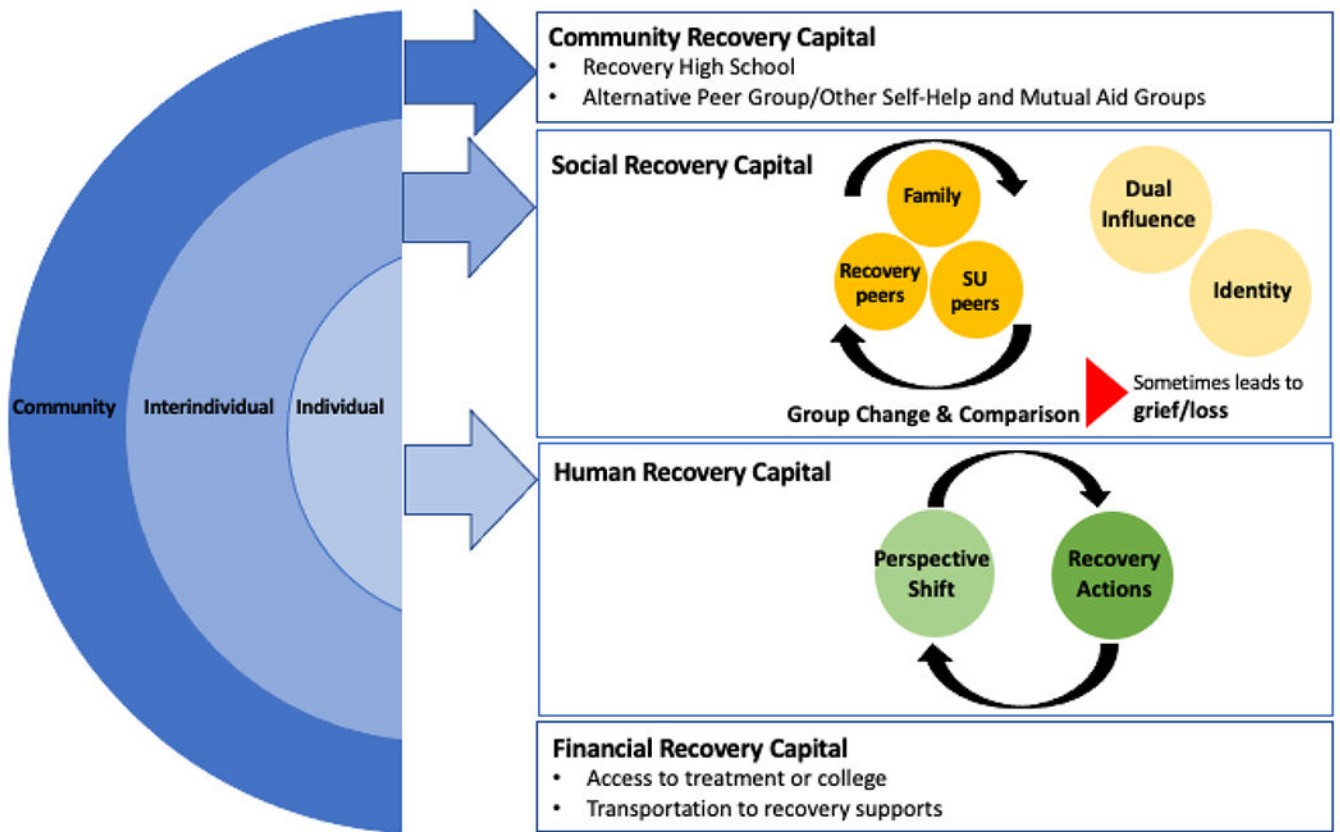


Figure 1. The Dynamic Interplay of Social Network Changes and Social Recovery Capital with Other Recovery Capital Resources among Youth in Recovery

Table 1.

Participant demographics

ID	Age	Gender	Race/Ethnicity
103	19	Male	Hispanic, White
105	18	Male	White
106	14-17 (NR) ^a	Male	White
107	18	Male	White
108	17	Male	White
111	18	Male	African American, American Indian, Asian, Hispanic, White
112	18/19 (NR) ^a	Male	African American
113	14-17 (NR) ^a	Female	NR
121	18	Female	Hispanic, White
123	17	Male	White

Notes. NR = Not reported.

^aAlthough some youth chose not to report their exact age in the demographic survey, the age range was gathered from the consent process as youth minors (under 18 years old) had an assent form to complete.

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Table 2.

Organizing codes and subthemes

Parent Code	Subthemes (Recovery Capital Domain)
Change	<ol style="list-style-type: none"> 1. Group change process (SRC) Change in recovering and sober friends (SRC) Change in using friends (SRC) Change in family (SRC) Grief/loss (SRC) Future network composition changes (SRC) 2. Perspective shift (HRC) 3. Recovery actions (HRC)
Connecting Mechanism	<ol style="list-style-type: none"> 1. Identity 2. Dual Influence 3. Group comparisons

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