



Project Amp pairs youth with young adults in recovery for brief mentorship that enhances resiliency and prevents alcohol and other drug use.

Brief Intervention for Adolescents At Risk of Substance Use: Outcomes from a Pilot Study

Evidence-based approaches to universal screening and early intervention are essential to prevent the onset of substance use during adolescence. Such approaches may prevent behavioral, physical, and developmental dangers of early use and can reduce the likelihood of substance use challenges later in life. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is one such approach shown to be effective in reducing and preventing problem substance use with adults. Youth-specific adaptations of SBIRT are a current focus of intervention development and research.^{i, ii}

Project Amp is one innovative SBIRT adaptation for adolescents who have low to moderate risk of problem substance use. Our research examined the preliminary effectiveness of Project Amp, a program delivered by young adult peers with lived experience in recovery who implement a brief mentoring intervention. This issue brief focuses on the impact of Project Amp on adolescent youth participants and potential to expand the evidence base through further research. Limitations of the study are also discussed. Please see other Issue Briefs on [implementing the intervention](#) and [young adult peers](#) to learn more about Project Amp.



AT A GLANCE

- **WHO:** Center for Social Innovation in partnership with Young People in Recovery and a Youth Advisory Board
- **WHAT:** Feasibility and preliminary effectiveness pilot
- **WHERE:** Six communities throughout the U.S.
- **HOW:** 3-year grant from the Conrad N. Hilton Foundation
- **WHY:** To examine the feasibility and preliminary effectiveness of Project Amp and the potential for young adult peers with lived experience to provide a brief mentoring intervention



Key Focus Areas:

- **Enhance** goals, interests, and strengths of adolescents
- **Promote** wellness and good mental health
- **Practice** healthy coping mechanisms and healthy relationships
- **Expand** knowledge of alcohol and other drug use and harm
- **Leverage** lived experience of young people in recovery



RESEARCH

- **STUDY DESIGN:** Single group experimental pilot
- **DATA COLLECTION TIME POINTS:** Pre/post/6-month follow-up
- **SAMPLE:** 20 adolescents aged 13-17 screened as low to moderate risk for substance use; completed Project Amp and 6-month follow-up survey
- **DATA SOURCES:** Quantitative surveys consisting of standardized instruments (including CRAFFT, A-COPE, and Schwarzer's General Self-Efficacy Scale) at pre/post/6-month follow-up; qualitative in-person focus groups and semi-structured interviews at 6-month follow-up with youth participants, mentors, and school/healthcare setting staff
- **OUTCOMES:** Substance use risk (CRAFFT instrument), coping mechanisms, self-efficacy, and perception of harm of substance use
- **ANALYSIS:** Paired sample t-tests

METHODOLOGY

Project Amp was developed and pilot tested in six locations across the United States in urban and rural communities and within school and healthcare settings. In each community, our research team recruited young adults aged 18-28 to serve as young adult peer mentors. Mentors self-identified as being in recovery from a substance use disorder and were screened for readiness to work with adolescents. Mentors were trained in using the intervention curriculum with adolescents; strategies for sharing their own life and recovery experiences to promote prevention and wellness; motivational interviewing; and trauma-informed and culturally competent approaches. They received ongoing coaching and support throughout implementation.

Sites implemented Project Amp as a component of an existing or newly implemented Screening, Brief Intervention,

and Referral to Treatment (SBIRT) strategy. Adolescents were screened by site staff using the CRAFFT screening tool, a behavioral health screening tool for use with children under the age of 21 with questions that include alcohol and other drug use and risk.ⁱⁱⁱ Those with a score of low to moderate substance use risk were referred to Project Amp; those who enrolled were paired with a young adult mentor for four 60-90 minute sessions. The curriculum included worksheets and suggested structured conversations; however, sessions were designed to be flexible and responsive to adolescent needs.

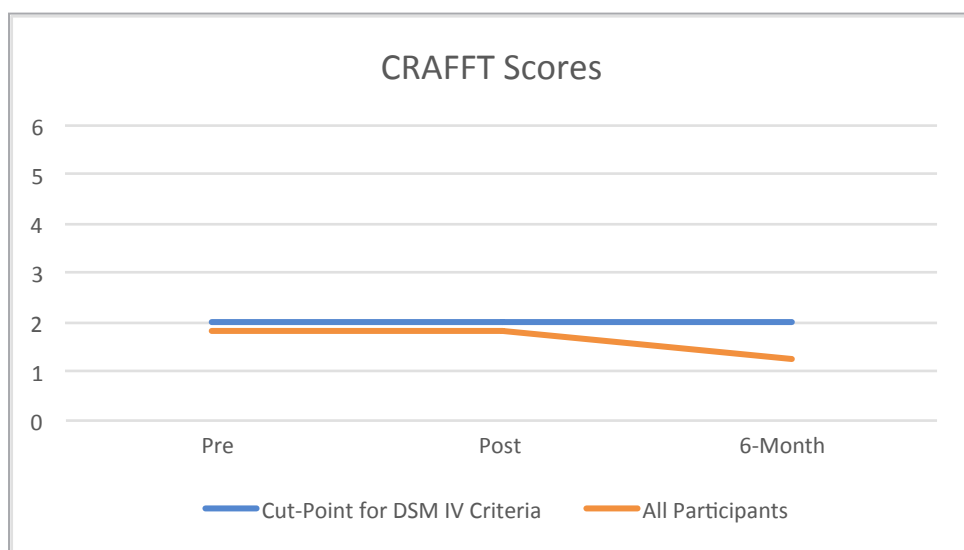
KEY FINDINGS

Quantitative

Substance Use Risk:

- Scores decreased (improved) an average of .55

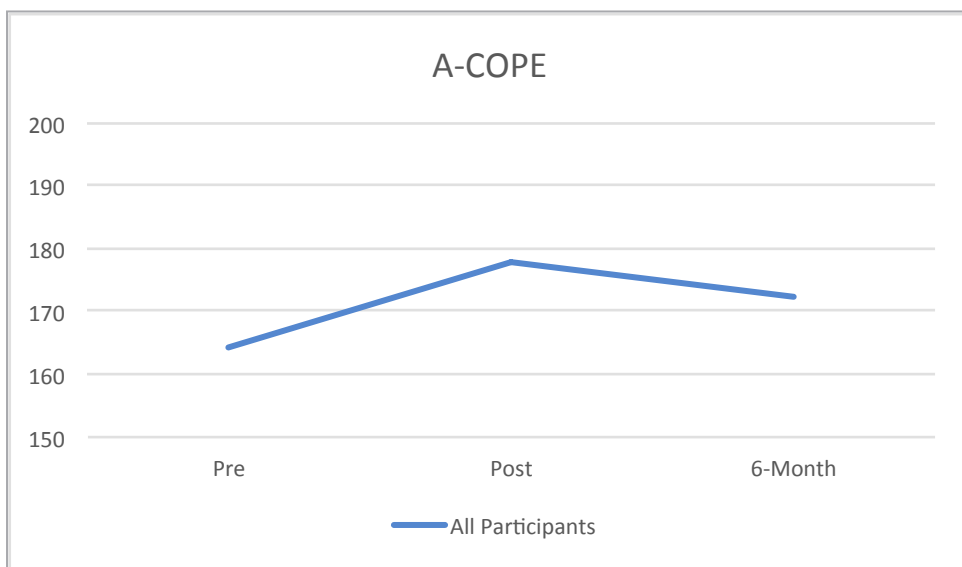
Measured using CRAFFT screening tool. Scores range from 0-6. Adolescents scoring 2 or more on the CRAFT typically need further assessment and/or referral to treatment.^{iv}



Coping Mechanisms:

- Scores increased (improved) an average of 8.25

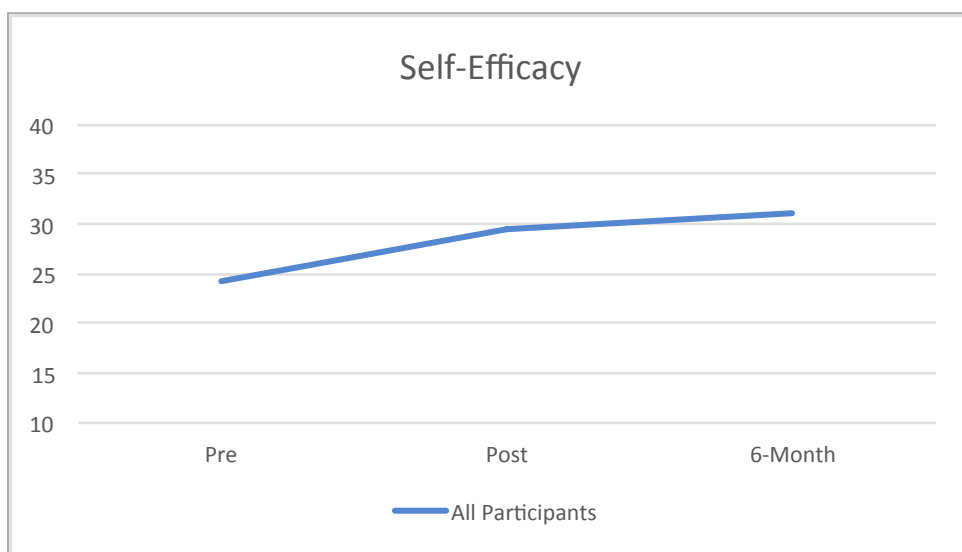
Measured using the Adolescent Coping Orientation for Problem Experience (A-COPE^{vi}), a 54-item self-report coping inventory; possible scores range from 54-270.



Self-Efficacy:

- Scores increased (improved) an average of 6.85

Measured using Schwarzer's General Self-Efficacy Scale^{vi}, a 10-item psychometric scale created to assess perceived self-efficacy in coping and problem-solving abilities during daily activities and isolated stressful events. Perceived self-efficacy facilitates goal-setting, effort investment, persistence in face of barriers, and recovery from setbacks. Possible scores range from 10-40.



Perception of Harm:

- Youth participants consistently rated marijuana as “not too harmful” or “not harmful at all” at all three timepoints.
- Synthetic marijuana, prescription drugs, and “illegal” drugs consistently ranked as very harmful.

Youth were asked to rank substances on how harmful they perceived them to be using a Likert scale with responses ranging from “not harmful at all” to “very harmful.”

Qualitative

General Impressions: Overall, youth participants and mentors had overwhelmingly positive impressions. Youth participants described the experience of meeting with a mentor as positive and noted that mentors made it an enjoyable and fulfilling experience. Mentors generally felt that it was a helpful program for adolescents and also ac-

“I would like to see it [Project Amp] funded by federal or state-provided funding. If I could have anything I wanted, I would have Project Amp implemented in every public high school and adapted to fit the needs of the high school in an intentional way.”

—Site Staff



knowledge the benefit for their own recovery and professional development. Staff were more likely to have mixed feelings, reporting implementation barriers and some hesitance to the model; yet, they considered it a helpful resource for at-risk youth and acknowledged that it encouraged genuine conversations about sensitive topics while providing positive role modeling.

Impact on Youth Participants: Youth reported positive impacts on their lives including on substance use; stress management; and dealing with difficult situations in school, with friends, or at home. Mentors believed youth participants benefited from having someone to talk to about stress relief, positive goal setting, and whatever was on their minds.

Young Adult Mentor Model: Youth participants were very positive about having someone to talk to, noting they did not feel judged, their mentor had encountered similar experiences to them, and they felt understood. Staff generally recognized the value of the young adult mentor model, citing the importance for youth to have someone to talk to who is near in age. Staff also discussed barriers to the model, including difficulty generating organizational buy-in, challenges discussing Project Amp with parents, reservations about promoting it as a substance use prevention program, and uncertainty about the capacity of young adult peers to serve as mentors to adolescents. Mentors generally reported feeling unsure about their skills to implement Project Amp at first and then quickly becoming comfortable after establishing rapport after the first session.

DISCUSSION & IMPLICATIONS

This pilot study highlights the potential for young adult peer mentors with lived experience to serve in a brief intervention capacity for low to moderate risk adolescents. **Although a small sample size (n=20) prohibits generalizability and statistical significance, Project Amp shows preliminary effectiveness as an innovative brief mentorship intervention for addressing adolescent substance use. It demonstrates the promise of a protective factor-enhancing, strengths-based, and flexible curriculum on critical adolescent outcomes.** Project Amp also demonstrates compatibility with the SBIRT framework and integration into schools and healthcare centers.

While peer roles have mostly been studied as part of an adult behavioral health model, integration of young people in the brief intervention phase and the screening and referral to treatment phases of SBIRT has potential for being responsive, developmentally appropriate, and effective with adolescent populations. There are states, communities, and organizations that embrace peer-delivered services and provide administrative and financial support to these models. **Project Amp represents an innovative model for leveraging the experience and relative age of young people in recovery as peers to support adolescent behavioral health.**

Qualitative findings point to some organizational and implementation barriers and limitations. Some were related to the research study itself (i.e., obtaining parental consent), which were generally unavoidable. Staff in particular identified barriers related to implementation, administrative buy-in, and acceptance of a young person in recovery to serve in a brief mentorship role.

“Cutting down on smoking [and] using healthy coping mechanisms. Those are the main things. Right afterwards I felt like really confident; lately I’ve felt really confident. I don’t know why [but] for the longest time I really doubted myself, and then she was like “what you’re thinking is not stupid” and made me feel good about my plans for myself. She just made me not doubt myself anymore [and] gave me a confidence boost.”

—Youth Participant

“[I]t was nice to have someone young and [who] wants to take time out of their day to help someone else.”

—Youth Participant

“I feel like being someone close in age to the mentees and sharing some of my own experiences with them helped gain trust.

Talking about my experiences and how I perceived things at their age I felt helped a lot of them feel a genuine connection with me. There was nothing I found difficult to discuss...”

—Mentor



Further, although the study was designed as a pilot, a significant limitation is lack of a comparison or control group. While some pilot sites were already implementing SBIRT at the start of the study, a standardized brief intervention for low to moderate risk adolescents was not in place (indeed a lack of evidence-based brief interventions represents a general gap in SBIRT practice). As a result, outcomes of adolescents with similar baseline characteristics who did not receive Project Amp are unknown. However, **we are confident that Project Amp is a promising practice that has been well-received by adolescents, mentors, and staff alike, and that preliminary findings endorse a need for a fully-powered, randomized clinical trial.**

“What caught my attention was meeting the mentors—that’s when I had buy-in.”

—Site Staff

Research and best practices for adolescent SBIRT are evolving quickly. The Project Amp pilot study represents the innovations, adaptations, and iterative learning occurring across various youth-serving settings. While the results from this study are preliminary, Project Amp could help to expand access to substance use prevention and early intervention supports for youth. Further research is needed to yield insights about effectiveness as well as implementation best practices.

For more information about Project Amp, including implementation resources, visit www.projectamp4youth.com.

ⁱYuma-Guerrero, P. J., Lawson, K. A., Velasquez, M. M., von Sternberg, K., Maxson, T., & Garcia, N. (2012). Screening, brief intervention, and referral for alcohol use in adolescents: a systematic review. *Pediatrics*, 130(1), 115-122.

ⁱⁱTanner-Smith, E. E., & Lipsey, M. W. (2015). Brief alcohol interventions for adolescents and young adults: A systematic review and meta-analysis. *Journal of Substance Abuse Treatment*, 51, 1-18.

ⁱⁱⁱKnight, J.R., Shrier L., Bravender, T., Farrell, M., Vander Bilt, J., Shaffer, H. (1999). A new brief screen for adolescent substance abuse. *Archives of Pediatric & Adolescent Medicine*, 153(6): 591-596.

^{iv}Mitchell, S. G., Kelly, S. M., Gryczynski, J., Myers, C. P., O’Grady, K. E., Kirk, A. S., & Schwartz, R. P. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: A re-evaluation and re-examination. *Substance Abuse: Official Publication of the Association for Medical Education and Research in Substance Abuse*, 35(4), 376–380. <http://doi.org/10.1080/08897077.2014.936992>

^vPatterson, J. M. & McCubbin, H.I. (1987). Adolescent coping style and behaviors: conceptualizations and measurement. *Journal of Adolescence*, 10, 163-186.

^{vi}Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user’s portfolio. Causal and control beliefs (pp. 35-37). Windsor, UK: NFER-NELSON.



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