Supporting parents in recovery from opioid use disorder: Lessons learned from developmental science on parenting and adolescence

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Abstract

Introduction
Based on a National Survey between 2009 and 2014, 8.7 million children in the United States lived with at least one parent with substance use disorder. Within that group, 623,000 parents struggled with opioid use disorder (OUD). Little research is dedicated to adolescents with parents engaged in treatment for OUD, in regard to how to support the family unit rather than just the parent or the adolescent separately.

Methods
We conducted a narrative review of the literature on parenting, adolescent development, and opioid use. Because there is limited extant literature on OUD and parenting, we expanded our search to include substance use in general.

Results
When considering the key developmental tasks of adolescence—establishing a sense of autonomy, clarifying personal identity, building peer and intimate relationships, and cultivating meaning and purpose—in tandem with effective parenting styles, we offer recommendations for youth, parents, treatment providers, schools, and policymakers on how to support adolescents when a parent is engaged in treatment for OUD.

Conclusions
To both repair the parent-adolescent relationship and mitigate intergenerational transmission of addiction, treatment approaches should be informed by the scientific knowledge of adolescent development.

Keywords: Adolescence, Parenting, Opioid Use Disorder, Substance Use Disorder, Intervention, Policy, Education

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Lessons Learned from Developmental Science on Parenting and Adolescence

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The rates of opioid use disorder (OUD) have sky-rocketed over the past decade, and many of those affected by OUD are parents. Between 2009 to 2014, the National Surveys on Drug Use and Health estimated that 8.7 million children 17 years of age and younger were living with at least 1 parent with substance use disorder (SUD; Lipari & Van Horn, 2017). More specifically, 623,000 parents with OUD are living with children (Aron et al., 2020). For parents engaged in treatment for OUD, rebuilding and enriching their relationships with their children can be both a challenge and a source of joy. The scant literature on parenting while engaged in treatment for OUD is almost singularly focused on parents of young children (Cioffi et al., 2019; Peisch et al., 2018).

While the quality of parenting is important at any stage, in adolescence, a consistent and nurturing parent-child relationship is particularly critical as adolescents seek autonomy and begin to develop a stronger sense of self (Steinberg & Silk, 2002). Autonomy and identity development are most successful when scaffolded by parents (Becht et al., 2017; Ruhl et al., 2015). The purpose of this article is to highlight the unique challenges and opportunities that arise while parenting an adolescent as a parent engages in treatment for substance misuse. Towards this goal, we also provide actionable recommendations for researchers, treatment providers, educators, and policymakers to enhance the quality of parent-adolescent relationships. We focus our attention on parents *engaged in treatment,* given that this stage of recovery is a period of marked transition that may include opportunities for reunification following child welfare involvement and/or general changes in expectations between the parent-adolescent dyad as the parent attempts to change their own patterns of behavior (Carlson et al., 2008). We acknowledge that opioid misuse

is often nested within polysubstance use (Lin et al., 2021), so although this paper focuses on parents with OUD, we also reference what is known about substance use disorders broadly.

Why Adolescence?

This manuscript is distinct from other bodies of work in this area because we embed ideas and recommendations for intergenerational OUD prevention within the developmental science of adolescence. Adolescence is a period of incredible development, filled with possibility, growth, and potential. Beginning with puberty and ending with the achievement of independence and self-reliance, the time scale of adolescence is dependent on biological events (i.e., puberty, brain development, etc.) as well as sociocultural context (Blakemore & Mills, 2014). What remains constant during this period are the key tasks that underpin this developmental chapter: establishing a sense of autonomy, clarifying personal identity, building peer and intimate relationships, and cultivating meaning and purpose. Adolescence is also a time of heightened risk-taking, in which behaviors such as initiation of substance use and other health-risking behaviors are fairly normative (Steinberg, 2004). These developmental processes are also central motivators that underlie behavior among adolescents (e.g., Casey et al., 2008; Crone & Dahl, 2012; Gardner & Steinberg, 2005).

In the context of having a parent who is in early recovery from OUD, these defining elements of adolescence can be considered both as strengths and vulnerabilities; it is a moment when an adolescent might pivot toward or away from maladaptive behaviors, depending on the context they experience (Backes & Bonnie, 2019; Bonnie et al., 2019). Living with a parent with OUD may inhibit the achievement of these tasks, particularly those that hinge on a close, emotional relationship with one's parent. For example, parents with SUD often struggle with affect regulation, which may drive an increase in internalizing (depression or anxiety) or

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externalizing (oppositional behavior) symptoms among adolescents (Lander et al., 2013). However, by engaging in treatment, parents can also learn new skills and strategies that help them feel empowered to better support their adolescents. Additionally, parenting continues to play a crucial role throughout adolescence, especially in regard to monitoring, supervision, conflict management, and modeling behaviors (Griesler et al., 2019). Although there is often an emphasis on peer connections during the teenage years, building a parent-adolescent relationship that promotes open communication confers lasting positive effects for both the parent and the adolescent (Van Dijk et al., 2014; Becht et al., 2017).

Throughout this article, we use a social-ecological approach (Connell et al., 2010; Jalali et al., 2020) to consider the parent, adolescent, the parent-adolescent dyad, context, culture, and community. OUD does not occur in isolation. Parents who are in treatment for OUD often struggle with concurrent mental health issues, depend on other substances, have limited parenting support from partners, and experience community disenfranchisement (Cioffi et al., 2019; Peisch et al., 2018; Dawe et al., 2003). Additionally, OUD occurs in the context of persistent racism, policing, and cultural stigma (Hart & Hart, 2019; Farahmand et al., 2020). Therefore, this article strives to capture work across disciplines and highlight perspectives from other fields and frameworks to empower both parents and their adolescents across contexts and cultures. We first review the literature on parenting adolescents and how effective parenting can serve as a mediator to disrupt the intergenerational transmission of substance use. Next, we review relevant intervention strategies. Finally, we conclude with a set of recommendations for parents, their adolescents, treatment providers/mental health professionals, schools, and policymakers.

Parenting an Adolescent

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Many individuals in treatment and recovery seek to grow in their role as a parent (Coyer, 2003). Parenting while in early recovery is multifaceted; parents returning to their families must contend with their adolescent's growing desire for autonomy alongside the increased risk that some adolescents engage in early substance use behaviors (Dijkstra et al., 2015). Parents may feel unsure of how to build a relationship with their adolescent, have a more active role in their child's life, be a positive and affirming parent, and also enforce guidelines and boundaries to keep their adolescent safe. For example, women who were in recovery for cocaine addiction expressed specific concerns about maintaining structure, addressing abandonment, dealing with impatience and anger, increasing parenting knowledge, and disrupting cross-generational family disfunction (Coyer, 2003). To address some of these considerations, we draw upon the parenting literature to describe parenting styles and behaviors that are generally beneficial for adolescents and particularly useful to employ throughout recovery.

Parenting Styles

Parenting styles are a widely studied and behaviorally descriptive way to categorize parenting. The most commonly researched styles include the authoritarian, authoritative, permissive, and uninvolved styles (Baumrind, 1971; Maccoby & Martin, 1983). While struggling with addiction, parents may exhibit behaviors characteristic of authoritarian and uninvolved styles, including a greater use of punitive forms of punishment, increased disengagement, and less sensitivity with their child (Freisthler & Kepple, 2019; Gottwald & Thurman, 1994; Hatzis et al., 2017; Mayes et al., 1997). In addition to a categorial framing, a dimensional understanding of parenting is also valuable; authoritarian and uninvolved styles can map onto high psychological control and low behavioral control (Smetana, 2017). These authoritarian and uninvolved behaviors are commonly associated with negative adolescent outcomes, whereas

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authoritative behaviors, which are characterized by both high parental demandingness and high responsiveness, warmth, and sensitivity toward the child, tend to be associated with positive adolescent well-being (Masud et al., 2015; Newman et al., 2008). Overall, sensitivity and quality involvement can promote positive outcomes *regardless* of parental drug use behaviors (Hatzis et al., 2017).

However, certain environmental contexts may limit the potential benefits typically associated with authoritative parenting styles. Positive associations between authoritative parenting and positive adolescent development have been found to be strongest amongst White families in relatively low-risk environments (Sorkhabi & Mandara, 2013). For non-White families or within higher-risk environments, an authoritarian parenting style comprised of high demandingness and low responsiveness has been associated with more positive adolescent outcomes, possibly because higher monitoring and firmness are helpful to combat the uncertainty of the surrounding environment and/or are more culturally normative (Baldwin et al., 1990; Chao, 1994; Gershoff et al., 2010). Given mixed findings across cultural groups, it is important to focus on specific parenting behaviors within a given context, rather than a more general parenting style (Hill, 1995; Smetana, 2017).

The Parent-Adolescent Relationship

It is widely recognized that the nature of parenting involves a bidirectional relationship, where parenting behaviors are influenced by the initiations and responses of their adolescent, and vice versa (e.g., Bell, 1968). Research on three dimensions of the parent-adolescent relationship—autonomy, harmony, and conflict—provide insight into dynamics that are common during adolescence, and those that might require further attention (Steinberg & Silk, 2002). Although there is great variability amongst families, lower levels of harmony and frequent

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conflict are common during adolescence (Laursen & Collins, 1994). That being said, conflict between parents and adolescents that allows for emotional variability and flexibility can create positive opportunities for adolescents to express and regulate their emotions (Branje, 2018). When there is a presence of parental warmth and intimacy, adolescents tend to feel loved and cared for and have higher self-esteem (Coffey et al., 2022 Hochgraf et al., 2021). High-intensity conflict, on the other hand, is associated with adolescent psychopathology (Martin et al., 2019; Smetana, 1996). Parents in recovery may need additional support in achieving an appropriate balance of autonomy, harmony, and conflict in this relationship to potentially disrupt established cycles of conflict, and to foster new and more effective and supportive dyadic relationships. Some adolescents who have parents who misuse substances take on adult familial roles, wherein the adolescent experiences "parentification" as they provide physical and emotional care for their parents (Early & Cushway, 2002; Tedgård et al., 2018). This is an experience that people recovering from addiction may have also experienced in their own childhood (Hooper, 2007; Bekir et al., 1993). There is consequently a specific need for parents in recovery to leverage their support systems to help them identify a balance between supporting an adolescent's need for emotional autonomy, repairing any previous relationship transgressions, and simultaneously providing appropriate levels of monitoring and behavioral management.

Parenting as a Possible Pathway to Reduce Risk of Intergenerational Transmission of OUD

The risk for SUD broadly—and OUD more specifically—is transmissible across generations from parent to child (Bailey et. Al., 2006; Kerr et al., 2020; Haggerty and Carlini, 2020). These associations can be identified starting in adolescence as opportunities emerge for adolescents to try alcohol, cannabis, and other drugs (Su et al., 2018; Yule et al., 2013). There are multiple mechanistic pathways proposed for intergenerational transmission of substance use

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disorders, including genetic transmission, rearing environment, contextual environment, and interactions between genetics and rearing environment. The theoretical focus of this paper is anchored within the family system as defined by both Family Systems Theory (Kerr, 1981) and Social Learning Theory (Bandura, 1977), wherein the confluence of the family environment and parenting behaviors is theorized to prime youths' risk for substance use. Thus, we emphasize parenting is a critical mechanism of transmission that is also malleable and an appropriate focus for intervention and risk prevention.

Adolescents are vulnerable for early onset substance use from transactional processes within the family system. The family system is conceptualized as a transactional environment where individuals are affected by the behavior of others within the family (Bowen, 1978). Bandura's Social Learning Theory adds another layer toward explaining the ways that parental substance use can influence adolescents. During this period of development, adolescents are particularly sensitive to social norms; watching a parent use substances might normalize and provide a model for the adolescent to use substances themselves (Smith, 2021; Winstanley & Stover, 2019). Furthermore, in families where a parent struggles with addiction, their offspring can sometimes become "parentified"; adolescents might take on adult roles too early, effectively parenting their parents (Lander et al., 2013). Zeinali et al. (2011) proposed a Psychosocial Addiction Susceptibility model where adolescents are indirectly influenced by parenting style through attachment style and self-regulation processes. While there is some evidence that parenting styles differ based on type of substance misuse, there is also literature to suggest that context is a more powerful predictor of parenting style, compared to type of substance misuse (Berge et al., 2016 Mason et al., 2004). In line with these findings, other researchers have found that harsh parenting in combination with parental substance use is predictive of the development

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of aggression, substance use behaviors, and similarly harsh parenting style in future generations (Neppl et al., 2020). Taken together, evidence points to a relationship between context, aversive parenting styles, and parental substance use as predictors of risk of adolescent substance use.

Parenting is a malleable construct, providing an opportunity both for the development of risk, or as a mechanism for establishing resilience and promoting risk prevention. In a meta-analysis of modifiable parenting factors associated with adolescent substance use, Yap et al. (2017) identified four protective factors as predictors of future adolescent substance use: 1) parental monitoring, 2) parent-child relationship quality, 3) parental support, and 4) parental involvement. For example, Elam et al. (2020) found that parental monitoring (or knowledge of their adolescent's activities through voluntary disclosure) mediated the relationship between mothers' opioid misuse and adolescent alcohol use, highlighting an area for potential intervention within the parent-adolescent dyad. Given the malleability of parenting practices, there is an opportunity both to address parenting features predicting risk, and nurture existing parenting strengths that offset risk.

Intervention Considerations

While there are many existing treatment programs for substance use that involve parents of young children, there are few reports of interventions for parental substance use that focus specifically on parents of adolescents. Engaging with this population of parents is particularly necessary given that parental opioid use and adolescent opioid use, especially nonmedical prescription opioid use (NMPO), are significantly correlated (Griesler et al., 2019). Furthermore, as we have discussed, the path from parental to adolescent substance use is hardly unidirectional; the interconnectedness of substance use within families is dynamic and complex (Peisch et al., 2018). Given the potentially entwined nature of substance use within families, we see a distinct

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need to guide the development of interventions for parents with OUD that simultaneously engage and serve the needs of both parents and their adolescents.

Although there is a dearth of evidence-based interventions that deliver OUD or SUD treatment to parents and adolescents together, we can learn from programs that are primarily focused on serving adolescents with SUD. Successful adolescent-focused interventions have demonstrated that SUD treatment programs that include parents significantly outperform those that do not (Becker & Curry, 2008; Kumpfer et al., 2003. For example, Parent SMART (Becker et al., 2021) is a technology-assisted intervention targeting parents of adolescents in residential substance use treatment programs that focuses on the key elements of the adolescent-parent relationship: parental monitoring via adolescent disclosure, supervision, and communication (Marceau et al., 2020). Those that participated in the intervention showed significant improvements in parental monitoring and parent-adolescent communication compared to treatment as usual. While this particular intervention was intended to primarily serve the adolescent, employing a similar method that hinges on improving the parent-adolescent relationship might be especially beneficial for parents engaged in treatment. Furthermore, this case study demonstrates how using a technology-assisted intervention technique allows for flexibility, reduces burden for clinicians and staff, and increases access for populations that have been characterized as “hard-to-reach."

In taking a family-centric approach, recommendations surrounding how to engage family in the care of adolescents with SUD naturally translate toward interventions for parents of adolescents. Bagley et al. (2021) outline key considerations for treatments that integrate the broader family. They emphasize how treatments should provide the family with evidence-based tools to support not only the adolescent engaged in treatment, but also the family members

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themselves. They cite "The Five Step Method" and The Community Reinforcement and Family Training (CRAFT) interventions, which are both aimed at reducing stress-related symptoms, bolstering coping skills, and improving well-being for family members affected by addiction (The 5-Step Method, Copello et al., 2010; CRAFT, Meyers et al., 1998). Due to barriers to care– including stigma– family members might not seek treatment for themselves when an adolescent or parent is struggling with addiction. However, integrating a full-family approach to any kind of SUD treatment might mitigate rippling negative effects on the rest of the family, and prevent the development of an SUD within another family member. Below, we outline some initial recommendations for treatment providers and policymakers, as well as parents and adolescents who are coping with OUD within their own families. Each of these recommendations is grounded in the developmental science of adolescence reviewed above, that emphasizes the fundamental biological (e.g., pubertal development), behavioral (e.g., increased sensation seeking and risk-taking behavior), and social (e.g., identity development, autonomy development, and peer orientation) changes that are central to the period of adolescence.

Table 1

Recommendations

Key Player	**Recommendation**
Adolescents	- Practice compassion with yourself and your parent – The Seven Cs - Identify ways to set healthy boundaries with your parent through support groups like Alateen and Narateen - Understand more about addiction and substance use: Just Five, Tips for Teens, and It Feels So Bad

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	- Explore information about how opioids and other substances affect the brain: National Institute on Drug Abuse – Mind Matters - Role play and practice how to avoid or leave a context where you may be peer pressured to use substances - Seek Naloxone training. NARCAN is available at the pharmacy counter in all 50 states - Find support for loss and bereavement in instances where you may not be able to have a relationship with your parent
Parents	- Regain adolescent's trust – reduce/eliminate own substance use - Build healthy communication patterns – provide emotional support, effective problem-solving, maintain parent-child boundaries, and monitor adolescent's behavior while honoring the adolescent's increasing autonomy - Facilitate open conversations about substance use – highlight risks, share reflections on substance use, and communicate strategies that have helped to avoid substances - Engage in active, shared activities like going to the movies, getting outside, or playing games - Seek out peer support specialists and other providers
Treatment Providers & Other Mental Health Professionals	- Attend to parents' needs both for substance treatment and support for parenting an adolescent - Involve the family in treatment and facilitate opportunities to repair the parent-child relationship

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	- Collaborate with adolescents' schools to provide additional support when parents are engaged in treatment – create an environment in which the adolescent can share openly without worry about child welfare involvement or stigmatization from peers
Schools	- Integrate primary prevention programs for OUD and SUD in curriculum - Identify and serve students whose parents are engaged in treatment using a screening, brief intervention, and referral to treatment (SBIRT) model - Create a strong sense of community within the school to provide an additional resource for students to turn to when parents are engaged in treatment
Policymakers	- Provide funding for primary, secondary, and tertiary prevention programs in schools and communities - Generate and disseminate harm reduction information for adolescents and families - Implement medication take-back programs to remove opioids and other unneeded prescription medications from homes

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For Adolescents

Adolescents can be active participants in their own journey as they navigate the complexities of having a parent with OUD. It is important to first understand "it's not your fault,

you didn't cause this." The Substance Abuse and Mental Health Services Administration outlines the Seven C's: 1) I didn't cause it, 2) I can't control it, 3) I can't cure it, 4) but I can help take care of myself by 5) communicating my feelings, 6) making healthy choices, and 7) celebrating me. There are also support groups such as Narateen (nar-anon.org/narateen) and Alateen (alateen.org) that are free to access, anonymous, and provide safe spaces to talk about parent OUD and other substance use disorders. There are also bereavement and grief counselors that are there to help if cultivating a relationship with a parent is no longer possible. There are also informational materials about OUD available online that are especially tailored to adolescents (see Table 1 for resources). Further, while it is not an adolescent's duty to care for a parent, knowing how to reverse an overdose with naloxone can be empowering and reduce feelings of helplessness (https://www.narcan.com/).

For Parents

Parents in the early stages of recovery from OUD experience complex competing demands which often include initiating medication for OUD. Starting medication for OUD entails multiple, frequent provider appointments and may include withdrawal, identifying new ways to regulate emotional arousal, and building new routines and patterns. Parents may also be navigating involvement with the criminal justice system and child welfare. In addition to these complexities, parenting an adolescent offers a unique set of challenges and opportunities as previously described. While some parenting strategies are applicable across parenting contexts, for parents in recovery, there may be a need to first correct parent-adolescent roles. Reducing or eliminating substance use can be an important first step in regaining an adolescent's trust (Muchiri 2018). In instances where parents may have provided substances to their child, placed their child in dangerous situations, or caused other harms, repairing relationships may require

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identifying ways to communicate safety in the relationship. This could include protecting adolescents from other adults they feel uncomfortable around and promoting their autonomy by respecting their interpersonal boundaries (Slesnick et al., 2014). Additionally, parents can focus on building healthy relationships by expressing affection, providing emotional support, and openly talking about feelings within healthy parent-adolescent boundaries (Muchiri 2018).

For parents seeking to balance their own health needs, stigmatizing and burdensome systems interactions, and parenting, we outline evidence-based practices. For example, peer support specialists can provide guidance on navigating systems and rebuilding family relationships. Family therapists can provide strategies on how to improve communication between parents and adolescents. Specifically, programs that use a multifamily group treatment approach may be beneficial for parent-adolescent relationships and may also decrease the likelihood of relapse. Opportunities for shared activities in or outside of the household (e.g., watching television, eating, playing games, going outdoors, shopping, etc.) may also improve the parent-adolescent relationship.

For Treatment Providers and Other Mental Health Professionals

Treatment providers and other mental health professionals can facilitate positive parent-adolescent relationships by providing and identifying opportunities for patients to engage in evidence-based parenting programs to strengthen the parent-adolescent relationship. Adolescents are less at risk for substance use when they have positive relationships with parents and can successfully navigate conflict. This includes teaching parents and their adolescents how to engage in joint problem solving and regulate elevated distress to avoid outbursts of anger during conflict. Multifamily group treatment may help to rebuild parent-adolescent relationship

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(Meezan & O'Keefe, 1998). However, to our knowledge, there are no specific interventions that exist for parents in recovery who are parenting adolescents.

Additionally, it may be beneficial for parent treatment providers to work with adolescents' schools directly so that school-based mental health providers can support students while parents are engaging in recovery. Adolescents may need support navigating new relationships with their parent in recovery or may need opportunities to engage in family programming at treatment facilities. If engagement with schools becomes common practice at treatment centers, schools may be surprised by the number of students navigating parent substance use and subsequent recovery (about one in eight or 8.7 million in the United States; SAMHSA, 2017). Adolescent support through school mental health professionals may also be beneficial if a parent relapses. However, caution is warranted as an adolescent may feel hesitant to share about parent relapse out of fear of child welfare involvement and stigmatization. When child welfare is involved, mental health professionals can help youth navigate the complexities of on-going relationships with parents when they have been removed from care. This may also increase the likelihood that youth will remain in school, given that adolescents placed in foster care are at risk for school dropout (Cage, 2018).

Schools

Schools and educators may be unsure of how to provide support to adolescents who have parents with OUD. There is a need to embed tiered systems of support within schools. This includes having access to primary prevention programs to prevent substance use for all students, such as Culturally Grounded Life Skills for Youth Curriculum, Familias Unidas, Strengthening Families, and Strong African American Families (Brody et al., 2006; Chilenski, Welsh, Perkins, Feinberg, & Greenberg, 2016; Hawkins, Cummins, & Marlatt, 2004, Pantin, et al., 2009).

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Secondary prevention programs that identify youth at risk for substance use might be most beneficial for adolescents with parents in recovery, given they experience elevated risk for OUD as a result of genetic transmission and environmental exposure. To identify adolescents at risk for substance misuse, schools can leverage a screening, brief intervention, and referral to treatment (SBIRT) model (Maslowsky, Capell, Moberg, & Brown, 2017). Programs like the Family Check-Up and Strengthening Families can be implemented for adolescents with elevated risk (Dishion, Nelson, & Kavanagh, 2003; Kumpfer & Magalhães, 2018). There has been success integrating such practices into school-based health centers. Helping to foster a healthy sense of community both within and outside of the school context can also protect against substance use for adolescents whose parents use substances or are in recovery (Mayberry, Espelege, & Koenig, 2009).

Of additional importance, parents in recovery from OUD may possess medication for OUD such as buprenorphine or methadone. These substances can be misused by adolescents if not appropriately stored. Community education is one strategy that can be leveraged by schools in tandem with medication take-back programs to avoid storage of unused medication. Features of community education include providing information to parents about ways to safely store medications and model appropriate medication use (Collins, Johnson, & Shamblen, 2012).

Policymakers

There are evidence-based strategies for policymakers which may improve supports for adolescents and their parents in recovery. As previously mentioned, access to school-based implementation of primary, secondary, and tertiary prevention programs is currently limited. Additionally, harm reduction education and tools for youth are inadequate. For example, the prevalence of overdose has increased in part due to the unknown presence of synthetic opioids in

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less lethal recreational drugs. As such, youth who are at higher risk for substance use initiation, including youth who have a parent with OUD, should be educated on safer use practices. Policies that increase access to harm reduction programs may reduce overdose among youth (Jenkins, Slemon, & Haines-Saah, 2017).

Policymakers may also consider improving access to programs that provide supported employment opportunities for parents in recovery to increase opportunities for relationship building. Parents in recovery may have limited employment history or criminal records that make employment access more challenging (Sahker, Ali, & Arndt, 2019). As such, parents may be forced to accept lower paying jobs, jobs with inflexible hours, or jobs that do not provide paid leave. This may lead to limited opportunities for parent-adolescent engagement and relationship strain, as parents experience stress from multiple competing demands. Full-time employment making a living wage improves parenting involvement (Repetti & Wang, 2014).

Conclusion

Through close collaborations with families, treatment providers, schools, and policymakers, we can create opportunities for both adolescents and their parents to thrive in the context of substance use. By creating supportive systems that allow for the parent-adolescent relationship to heal, we can work towards reducing the prevalence of intergenerational transmission of substance use and the concomitant mental health challenges. Amid the recommendations that we offer, it is critical to remember that adolescents themselves are critical players in their own development; this age is a period of opportunity when young people attain a sense of agency and begin to make important decisions that drive their life outcomes (Dahl et al., 2018). Although the period of adolescence is fairly long, typically encompassing the middle school, high school, and post-high school period, the recommendations discussed in this report

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are grounded in developmental science. In doing so, we incorporate the key developmental tasks and milestones that are central to adolescence and propose recommendations that not only acknowledge the challenges of adolescence, but the opportunities that can be created when systems and communities work together to support parents in recovery. By investing in parents, we are simultaneously investing in adolescents and nurturing the future opportunities that they seek to create for themselves.

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