



# JOINT MEETING ON YOUTH PREVENTION, TREATMENT, AND RECOVERY

 March 18th-20th, 2025

 Four Seasons Hotel  
in Baltimore, MD



*Rebuilding the clinical and public health infrastructure  
for our nation's youth*

## Call for Proposals

Thank you for your interest in presenting at the 2025 Joint Meeting on Youth Prevention, Treatment, and Recovery! You can find information on the submission process, abstract requirements, presentation types, and notification timeline in the following document.

Learn more  
at our  
website  
[here](#)



Email  
[info@youthrecoveryanswers.org](mailto:info@youthrecoveryanswers.org)  
with questions or concerns

Submit a  
proposal  
to present  
[here](#)



# GENERAL INFORMATION

The deadline for proposal submission is November 22, 2024. Word limit for all submissions is 400 words. All submissions will be peer-reviewed "blind", and participants will be notified by mid-December 2024. Time and space considerations as well as program need will factor into acceptance decisions and assignment to oral or poster sessions. Authors must limit themselves to no more than two first author submissions. If individuals submit more than two proposals as first author, only two will be considered (based on date of submission). **Please note that, if accepted, all presentations must be given in person.**

# IMPORTANT DATES

Proposal submission portal opens	<b>September 6, 2024</b>
Proposal submission deadline	<b>November 22, 2024</b>
Submitter notified of decision	<b>Mid-December, 2024</b>
Submitter decisions made	<b>January 3, 2025</b>



NATIONAL CENTER ON YOUTH  
**PREVENTION  
TREATMENT  
RECOVERY**



The conference would not be possible without the generous support of the Peter and Elizabeth C. Tower Foundation



PETER & ELIZABETH TOWER FOUNDATION

**Presented in partnership with**



***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

# PURPOSE & HISTORY

The annual 2025 Joint Meeting on Youth Prevention, Treatment, and Recovery (JMYPTR) aims to promote and improve substance use prevention, early intervention, harm reduction, treatment, and recovery efforts among children, adolescents, and emerging adults. The conference provides a dynamic and interactive forum for the exchange of research, policy, and clinical information among researchers, practitioners, policymakers, and youth and families. By hosting this conference along with several key federal partners, we aim to closely connect research, clinical interventions, and policy at the national level.

The 2024 Joint Meeting on Youth Prevention, Treatment, and Recovery brought together researchers and clinicians from around the country in what was the first such national conference to take place in over a decade. Our inaugural Joint Meeting had 445 delegates spanning 6 countries, 31 Tribal nations, and 38 U.S. states and featured 129 presentations, showing the widespread national dedication to our mission of bringing youth back to the top of our nation's prevention, treatment, and recovery substance use agenda. We were joined by federal partners who recognized the significance and timeliness of these efforts, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), the Bureau of Indian Affairs, Office of Justice Services (BIA/OJS), and Indian Health Service (IHS).

This conference successfully reinvigorated the field following the tradition of the Joint Meeting on Adolescent Treatment Effectiveness (JMATE) which ran from 2005–2012. With a renewed focus on this area, the National Center on Youth Prevention, Treatment and Recovery (youthrecoveryanswers.org) at the Massachusetts General Hospital Recovery Research Institute in collaboration with numerous federal, state, and national organization partners, is continuing to expand this effort to address the public health imperative of tackling youth alcohol and other drug use.

## **The 2025 Pathways to Wellness Recidivism Reduction Initiative (PWRRRI) Forum**

The Bureau of Indian Affairs, Office of Justice Services' Behavioral Health support for Native communities is to assist in developing service and data infrastructures that plan for and implement best practice strategies to reduce recidivism and related health consequences. This year, the annual PWRRRI Forum will be fully integrated into the prevention, treatment, and recovery tracks of the JMYPTR conference and will provide avenues of culturally responsive information to share among all conference participants interested in improving the wellbeing of Native communities and beyond. These offerings will include working "promising practice" models that Tribes are implementing in their communities that address special situation and contextual circumstances of Indian youth and their families. These culture-infused innovative practices reach deeply into the process of healing and demonstrate how culture, alongside clinical practices, are what are considered by Indian Country, to be the most effective approach to effect long-term change in all areas of substance use prevention, early intervention, harm reduction, treatment, and recovery.

# 2025 JOINT MEETING ON YOUTH PREVENTION TREATMENT, AND RECOVERY (JMYPTR)

Prevention | Treatment | Recovery

*Addressing the spectrum of substance use among our nation's youth.*



The current alcohol and drug crisis in our nation is unprecedented – we need collaborative urgency, action, and innovation to address it. There is an increased recognition of the need to prevent the onset of substance use disorders, intervene earlier in the clinical course, provide access to harm reduction services, as well as more generally attract and engage young people much sooner into services that can help initiate, support, and maintain remission and stable recovery. The 2025 JMYPTR will serve as a platform for all stakeholders to gather, learn, and share information about evidence-based and innovative practices and research as well as foster new collaborations.

The current era of change spans many fields and cuts across multiple levels:

- A young people's recovery movement that includes listening to youth and families in directing their care and the need to learn about recovery from peers
- Preparing the field for health care services delivery changes including virtual models and use of health information technology
- Integration of substance use disorder and mental health treatment into behavioral health services
- Expanding substance use disorder and mental health treatment into primary care
- School-based substance use and mental health care
- Re-entry and changes in juvenile justice
- Increasing demand for early intervention and harm reduction services
- Demand for more knowledge about helpful recovery support services specifically for youth

The 2025 JMYPTR features  
three tracks:

1. Prevention
2. Treatment
3. Recovery

Presentations are organized according to these general tracks. JMYPTR proposals should focus on children, adolescent, emerging adult, and young adult populations. See definitions on final page for more information.



# TRACKS

## 1. Prevention

This track seeks presentations focused on prevention and early interventions that aim to prevent and reduce overall harm immediately during the young person's adolescent and emerging adult years as well as preventing lifelong problems. Suitable topics could include:

- Positive youth development activities to prevent and reduce substance use (including the arts, community development athletics, and others)
- Preventing and treating trauma and violence among Native American youth and their families
- Community-based prevention services
- Education-based prevention services
- Development and testing of promising culturally sensitive prevention practices



## 2. Treatment

There is a pressing need to identify novel treatments and practices that have been developed specifically for youth, and for these to have been developed with their and their family's input. This track seeks proposals of novel treatments and practices for which there may be theoretical support, pilot data or early trial evidence of a positive effect on young people. Studies of existing treatments which seek to limit disparities among minority populations by adapting approaches to specific populations will be appropriate for this track. Small sample studies or qualitative studies that have a strong theoretical rationale will also be appropriate for this concentration. Other topics to be addressed within this track include but are not limited to the following:

- Preventing and treating trauma and violence among Native American youth and their families
- Implementation of evidence-based treatments and practices
- Community-based treatment services
- Emerging models of collaboration and integration of youth treatment and recovery delivery systems including primary care, mental health treatment, substance use disorder treatment, child welfare and foster care, education, juvenile justice, etc., as well as new organizational models (accountable care organizations, health homes, etc.)
- Navigating treatment systems – for families and for transitional age youth
- Development and testing of promising culturally sensitive intervention practices
- Interventions to help family members

# TRACKS

## 3. Recovery

The field has moved to valuing recovery-oriented systems of care, that is, a transformational shift in how we approach youth substance use prevention, treatment and recovery. From this perspective, there should be “no wrong door to treatment” and no single pathway to recovery. A comprehensive infrastructure supporting both treatment and recovery must be developed. This concentration will focus on how the different and multiple youth- and family-serving systems can support youth through (1) evidence-based interventions, treatments, and practices, (2) education-based prevention and recovery supports, and (3) community-based recovery supports.

This track will also focus on different aspects of the larger continuum of care as well as proposals that examine infrastructure elements such as collaboration, integration, and supportive organization and financing arrangements across multiple systems that serve youth and their families. Topics to be addressed within this concentration include but are not limited to the following:

- Youth and family definitions of recovery
- Youth and family empowerment
- Youth and family leadership
- Youth and family advocacy/community service strategies that build upon collaboration among youth, families, and community partners
- Community-based recovery support services
- Education-based recovery support services
- Emerging models of collaboration and integration of youth treatment and recovery delivery systems including primary care, mental health treatment, substance use disorder treatment, child welfare and foster care, education, juvenile justice, etc., as well as new organizational models (accountable care organizations, health homes, etc.)
- Navigating recovery systems – for families and for transitional age youth
- Building recovery capital for native youth



## OTHER TOPICS

Recognizing that not all youth substance use submission topics fit neatly into one of these tracks, other presentation topics welcomed at the conference are included below. When deciding which track to submit, please classify your proposal as you see fit. Some of these topics include, but are not limited to, the following:

- Issues in financing a comprehensive continuum of treatment and recovery services and supports for youth with substance use/co-occurring disorders, including public/private insurance issues.
- Encouraging family member and youth voices in program design and policy development
- Changes in healthcare coverage
- Workforce development issues such as competencies for adolescent addiction counselors and recruiting young people into the field
- Public sector interagency collaboration and models of public/private sector collaboration across systems of care
- Lessons learned from SAMHSA grant programs (SAC, SIG, ROSC) addressing these issues
- Health and Wellness
- Reducing homelessness
- Screening and assessment
- Early Intervention
- Harm Reduction
- Addiction physiology
- Co-occurring substance use and mental health disorders
- Developmental and other disabilities, including Individualized Education Programs (IEPs)
- Health information technology
- Intergenerational addiction (parents and grandparents)
- Media and technology use in the engagement and retention of youth and families
- Methods and measurement
- Supporting military families
- Neuroscience and neurodevelopment, the developing adolescent brain
- Sociocultural issues and cultural competency
- Trauma and violence
- Youth and families
- Other

# Sessions and Presentation Types

Below is a description of the session types and presentation categories featured in JMYPTR. Each submission should fall under one session type, and we are looking for presentations that fall under at least one of the following categories.

## Five types of sessions may be submitted:

- **Roundtable (60 minutes):** Participants have an opportunity to engage in an interactive discussion about a specific topic. Proposals should describe how they will address the components of roundtables: (1) brief informal overview of the topic, (2) interactive discussion. A maximum of four facilitators is requested.
- **Panel Presentation (60 minutes):** These are formal, thematic presentations. These proposals should include up to three panel presenters and a discussant. The discussion is intended to be interactive with audience participation strongly encouraged.
- **Individual Presentation (15 minutes):** Review committee members will group three related individual presentations to create a 60-minute thematic panel.
- **Technical Workshop (60 minutes):** Participants have an opportunity to learn about new skills or a very specific technical aspect. Although attendees will not become proficient in any skills, the workshop should include concrete exercises that directly engage workshop attendees in learning about the topic. A maximum of two facilitators is requested.
- **Poster Presentation (2 hours):** These presentations provide an opportunity for groups or individuals to display their program descriptions and research findings in a poster format and discuss findings live with interested conference delegates. A 4'x6' poster board area will be available for each poster.

## There are seven categories of presentations:

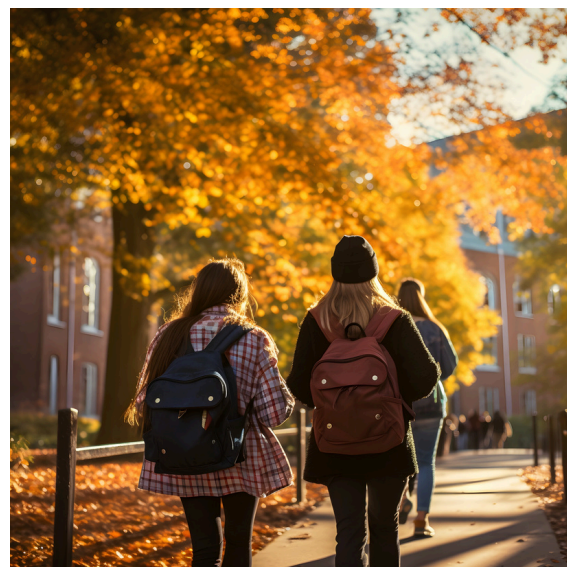
- **Original Research/Research Methods:** Sessions will include prospective and retrospective studies that involve hypothesis testing and data collection and analysis.
- **Literature Summary:** Sessions will include scholarly discussions of a specific topic via a review of the current literature.
- **Theoretical Commentary:** Sessions will be related to any topic about substance use treatment and recovery including but not limited to policy, trends in the field, treatment strategies, mechanisms of action, and methodological issues.
- **Program Description:** Sessions will provide a description of a program or a theme that is being pursued.
- **Clinical Techniques:** Sessions will provide information about current evidence-based clinical techniques being used in practice.
- **Policy/Advocacy Methods:** Sessions will provide research and skills that help inform policy/advocacy efforts.
- **Implementation Issues:** Sessions will describe lessons learned regarding implementation issues such as fidelity to evidence-based treatment, recruitment/follow-up, and engagement.



# REVIEW CRITERIA

All submissions will be reviewed by at least 2 peer reviewers before a final decision is made. Submissions will be reviewed based on the following criteria:

- Interest: overall interest of the topic to attendees
- Innovation: presentation of novel knowledge in the fields of prevention, treatment, and/or recovery
- Quality, Clarity, and Rigor: use of theories, methods, or discussion points that are appropriate for the topic and type of presentation
- Significance: indication that the topic has an important impact in the fields of prevention, treatment, and/or recovery



## DEFINITIONS OF TERMS

**Note: The conference adheres to the** International Society of Addiction Journal Editors consensus statement which recommends against the use of terminology that can stigmatize people who use alcohol, drugs, other addictive substances or who have an addictive behavior ([isaje.net/addiction-terminology.html](http://isaje.net/addiction-terminology.html)). Please also see the Addictionary at [recoveryanswers.org](http://recoveryanswers.org) for guidance when developing proposals and final presentations.

- **Co-existing disability:** A substance use disorder and a disability
- **Co-occurring disorder:** A substance use and mental health disorder
- **Evidence-based:** Knowledge that is supported by research results that are statistically significant
- **Families:** Parents, grandparents, siblings, extended family, and caregivers of youth
- **Health Disparities:** "Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States." —NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities, Vol. 1, Fiscal Years 2002–2006
- **Transitional-Aged Youth/Emerging Adults:** People transitioning from adolescence into young adulthood between the ages of 18–27 years
- **Adolescents:** People between the ages of 12–17 years
- **Youth:** A person under the age of 27 years
- **Young Adolescents:** People ages 10–11 years
- **Young Children:** People under the age of 10 years



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Massachusetts General Hospital  
Founding Member, Mass General Brigham

HARVARD MEDICAL SCHOOL  
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