The purpose of this study is to explore changes in belief orientation during treatment and the impact of increased daily spiritual experiences (DSE) on adolescent treatment response. One-hundred ninety-five adolescents court-referred to a 2-month residential treatment program were assessed at intake and discharge. Forty percent of youth who entered treatment as agnostic or atheist identified themselves as spiritual or religious at discharge. Increased DSE was associated with greater likelihood of abstinence, increased prosocial behaviors, and reduced narcissistic behaviors. Results indicate a shift in DSE that improves youth self-care and care for...
others that may inform intervention approaches for adolescents with addiction.

KEYWORDS Youth addiction, adolescents, spirituality, service, Alcoholics Anonymous

We are not cured of alcoholism. What we really have is a daily reprieve contingent on the maintenance of our spiritual condition. To some extent we have become God-conscious. (Alcoholics Anonymous, 2001, p. 85)

INTRODUCTION

"Why do adolescents become dependent on alcohol and other drugs (AOD) and what might be done to redirect them back to sobriety?" This question has implications for a host of important quality-of-life outcomes for individuals, families, and communities. In the United States, addiction is associated with $200 billion in economic damage annually and remains the third leading cause of preventable death (Bouchery, Harwood, Sacks, Simon, & Brewer, 2011; Mokdad, Marks, Stroup, and Gerberding, 2004). The greatest increase in AOD use disorders is among our nation’s minors (Pagano, White, Kelly, Stout, & Tonigan, 2013, p. 60), the personal and social costs of which are substantial. Adolescents with addiction have more severe health problems, exhibit a striking increase in emergency room visits, and have higher levels of sexually transmitted diseases (Carter, Johnson, Exline, Post, & Pagano, 2012; Coleman & Cater, 2005; Drug Abuse Warning Network, 2008; Eigen, 1991; Milgram, 1993; Miniño, Xu, & Kochanek, 2010; U.S. Department of Transportation, 2009). They also evidence decreased brain functioning as a result of drugs and alcohol (Brown, Tapert, Granholm, & Delis, 2000; Tapert & Brown, 1999; Tapert, Caldwell, & Burke, 2005), poor educational retention, more truancy, lower grades, as well as increased criminal offending and incarceration (Office of the Surgeon General, 2007; Bonnie & O’Connell, 2004; Miller, Naimi, Brewer, & Jones, 2007; Neighbors, Kempton, & Forehand, 1992; Teplin, Abram, & McClelland, 1996). Moreover, communities face significant social and economic repercussions associated with increased law enforcement costs, damage due to vandalism (Drug Abuse Warning Network, 2008), elevated levels of crime and violence (Teplin et al., 1996; Neighbors et al., 1992), overburdened courts (Webb, 2009), and correctional facilities that continue to cut rather than expand rehabilitation programs for prisoners that need AOD treatment (Cullen & Jonson, 2011).

Research suggests that the average age of first drug use has dropped to 12 years, the prevalence of adolescent substance dependency is at historic highs, and alcohol consumption among minors has increased (Bonnie &