Identifying Adolescent Problems of Substance Abuse and Caregivers Approach for Treatment and Prevention.¹

ARTICLE

Abstract
An advanced study of the particular problems associated with young people who have dependencies to alcohol, drugs, or other destructive behavior. Looking at circumstances, events, and problems associated with characteristic traits from both family of origin and nuclear family. An understanding of the adolescent world and the struggles encountered with family, peers, environment, race, and community. Special circumstances youth face such as physical, mental, and emotional limitations. Problems associated with teen pregnancies, abortions and the number of youth suicides and suicide attempts. Counselors and therapists approach, methods, and responsibilities working with troubled youth and high-at risk individuals.

Adolescents; the transition
The state or process of growing up; the period of life from puberty to maturity terminating legally at the age of majority.²  “Oh to be young again;” to have that seemingly endless energy running and playing from sun up to sun set. A care free spirit and unburdened mind not having to take anything too serious, waking up each day with anticipation of adventure and excitement. This was truly the time in a child’s life growing up that the most important responsibility was being a child. Boys looked up to their fathers wanting to be like them. They were big, strong, rugged, and the smartest man in the world. Girls likewise love to do the same things as their mothers knowing that some day they would also be a mom. This strong bond is especially significant between mother and child. Mothers have that maternal instinct of protection that both genders feel and desire. Fathers provide guidance and direction that motivates and encourages. Children grow and each year experience changes from daily care free adventures to the learning and discovering of self. This change becomes a little more difficult and significant as individuals learn and discover a changing self that determines and establishes characteristics of intellectual, moral, physical, emotional, and social development and behavior.³ Adolescents are curious exploring new pursuits that quickly become boring and lose interest. Often when making big decisions they will rely on parents and significant authority figures for advice. Experiencing rapid irregular physical growth increases emotional intensity giving a sense of maturity. Days of sand lot baseball games and bubble gum chewing are replaced with clothing styles, ipod’s, and being cool. Hitting the winning run in the bottom of the ninth is no

¹ This copyrighted material may be copied in whole or in part, provided that the material used is properly referenced, and that the following citation is used in full: Krauth, K.R. (2006). Identifying Adolescent Problems of Substance Abuse and Caregivers Approach for Treatment and Prevention. Journal of Addictive Disorders. Retrieved from http://www.breining.edu.
² Merriam Webster’s Collegiate Dictionary tenth edition
³ www.etsd.org/ems/endorsement/characteristics.htm
concern when trying to impress a cute red head in biology class. New concerns and desires create excitement and uncertainty as adolescents exercise their independence that can be frightening as daily situations, circumstances, and events scream for attention. No longer that little boy or girl require mom to hold them when they scrape their knee. Parent’s concern for safety is regarded as old fashioned. Independence and identity give conformation that they are mature and don’t need to be told what to do; the thought of friends seeing them receive and accept guidance and correction is mortifying. Autonomy is established and expressed as teenager’s go through conflicts with parents. Disputes about curfew limits, use of family car, and peers are differences of personality and opinion. Communication and information from adolescents is reduced to a “need to know basis.” Attitude toward parents is sarcastic and narrow minded and often shallow among peers. Adolescent’s perspective of the way they conduct themselves differs from child to child depending on level of maturity. Some show genuine concern while others pretend to be concerned in order to obtain something. Being highly sensitive to personal criticism they strive for affirmation, approval, and acceptance from peers. Clothes, talk, and friends determine who they should be, not who they are. Sexual identity becomes more prevalent as physical change occurs. This metamorphosis or coming out establishes personal characteristics while becoming acutely aware of the dramatic changes in their body. Rapid physical development may cause awkwardness creating doubt and self-consciousness about appearance and body. Boys are more concerned about what others think of the changes in their nose, ears and awkward posture; while girls tend to be embarrassed and self-conscious about their breast development, hair and skin problems. Sexual awareness and identity increases as secondary sex changes appear. Parents providing strong moral values, solid information through open communication give teenagers a common sense approach toward sex and sexual behavior. Consistency and stability within the family structure strengthen respect for family and self. This hand’s on approach gives adolescents confidence in identity and character. This balance in it’s self is tough enough, but adolescents today are suffering and struggling through circumstances and events that compound the problems of being an adolescent.

The family System and Subsystems

Current family systems started generations ago with great-grandparents. Everything about us right down to the color of our eyes and hair came from family of origin. The impact of both good and bad influences passed on to us affects us in a variety of ways. Traditions, values, attitudes, and boundaries, (to name a few), were passed down as healthy, or unhealthy traits. Healthy traits contribute to family balance, were unhealthy traits cause division. Families having established reasonable rules and healthy boundaries tend to weather the storm during tough times. Families with stern unreasonable rules with little or no boundaries are confused; and at odds over rules and regulations, disregarding others opinions. Strife and turmoil abound when facing hard times. Children are often used as pawns between parents to hurt each other. The number of children in the United States that live and experience the break up of family due to divorce is inclusive with several states not keeping records, but states keeping records indicate percentage of divorce for approximate population. Divorce can cause feelings of abandonment, betrayal, and loneliness leading to depression. Adolescents living in a one parent home experience frustration that can lead to bitter feelings towards both parents. An absentee father may provide and give his children every thing they need but him. This sends a clear message to his children that they don’t matter; besides they have the basics, they don’t

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4 Adolescence Guiding Youth Through the Perilous Ordeal/Miller Newton page 55
5 The Addiction Professional, chapter 4;page37
6 www.cdc.gov/nchs/data/nvss/divorce90_04.pdf
need anything else, and if they do they’ll learn on their own. Single parent children lose that bond and reassurance from the missing parent. Children are torn from homes and juggled back and forth to accommodate their parent’s needs while others are thrust in foster homes. Children removed from dysfunctional environments and placed in foster homes may enter environments worse then the ones they left living in fear, uncertainty, and loneliness. Children removed from family members often experience separation anxiety disorders; that include repeated nightmares, physical complaints, and fear of harm.

Problems; Circumstances

Divorce may be due to one or both parents abusing alcohol or drugs. Adolescents seeing their parents openly use, erodes away purpose, meaning, and value. Children loose the connection between family members as each person experience the dysfunctional behavior. Inaction by family members to recognize or deal with addictive behavior causes problems with every one. An, “ignore it will go away, or it’s not as bad as it seems,” attitude further creates division. With no role models at home and loss of respect children can gravitate toward a peer several years older, while others get lost in peer groups. Many are victims of physical, sexual, and mental abuse. A child sexuality violated by someone they know can hate or disapprove their own body causing ill feelings and shame. Incest among girls is a more common form of abuse usually from a stepfather or foster parent. Children can become confused about sexual orientation creating disturbances toward gender identity. Various problems stem from sexual abuse such as depression, anxiety, eating disorders, and substance abuse. Resorting toward destructive behavior many adolescents develop a mental and emotional illness called Post Traumatic Stress Disorder, (PTSD). High at-risk children who witness a parental homicide or sexual assault develop PTSD. Approximately 90% of sexually abused children; with girls having a higher rate display symptoms ranging from sleep disturbances, reoccurring nightmares, fears, and anxiety to inappropriate sexual behavior. Increased activity playing video games depicting violence and displaying aggression towards others are signs of inter turmoil. Not all abuse is physical or sexual. Parents with unreasonable expectations thinking they know what’s best for their child place great burdens on them demanding what the child should do, such as sports, college, and careers. Parents who were belittled and berated by their father or mother because they were no good at sports or academics subconsciously use their children to fill a void. A military man unbending and unconcerned of his son’s desires forces him into the military. Lack of recognition and respect erodes family structure. Consistency and stability is nonexistent and the resolve to make good decisions is damaged. Clear and rational thinking is replaced by escape, survival, and course of action to be taken. Youth behavior is the result of family or lack of. With out it adolescents are subject to social or peer conformity. Seeking acceptance they talk and behave the way others tell them to, not who they really are. For many this may be a youth’s only recognition. (Erikson, 1902-1994, stage five,) refers this stage of development as, identity versus role confusion; that adolescents make decisions for themselves by eliminating things they don’t want or need. Peer pressure dictates what, when, where, and who in order to fit in and be accepted. Lack of approval because of physical attributes such as tall or skinny, short or fat, and persistent acne contributes to students becoming followers while others suffer in silence.

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7 DSM-IV-TR 309.21 pages 76-77
8 The Addiction Professional/ Chapter 4 pages 42-44
9 DSM-IV-TR 302.9 pages 259-261
10 Adolescence/Miller Newton pages 102-103
11 www.ncptsd.va.gov/facts/specific/fs_children.html
12 www.ship.edu/~cgboeree/erikson.html
Social and Special Problems

Ethnic minorities face bigger problems with identity being torn between different ethnic groups and mainstream cultures. Culturally different, adolescents face stereotyping and misconceptions from a seemingly ignorant society to quick to be prejudice. Children living in dysfunctional environments may have negative feelings towards culture and heritage, while others in a strong environment are proud of their heritage. Adjustments and transitions for minorities living in upper and middle class neighborhoods acclimate easier to mainstream society than individuals living in lower or poor neighborhoods. Stressed social economic areas hinder schools and communities in providing services and programs for youth. A positive, negative synergistic effect of adolescent behavior can be established by both external and internal assets. Healthy internal assets such as responsible loving, caring parents providing guidance, direction, and respect strengthen their children’s ability to make good decisions. This accompanied with healthy external assets such as caring schools with after school programs, church, and community service keep youth active and motivated. Unhealthy internal assets such as divorce, foster homes, physical, sexual abuse, and addiction break down resolve creating all sorts of negative feelings. Unhealthy external assets such as violence in school, gangs, boarded up buildings, selling and using drugs, and crime create a battle zone for survival. Adolescents with physical limitations such as birth defects, illness, and injury may cause students to associate with destructive behavior due to limitations. A car accident placing a child in a wheelchair can be resentful toward a parent who was under the influence of alcohol or drugs can cause bitterness resulting in martyrdom and co-dependency. Feeling of being cheated and betrayed the child may slip into depression, isolation, and substance abuse. A child living with Fetal Alcohol Effects such as microencephaly, (small brain), facial characteristics, underdeveloped jaw, ear, and urogenital anomalies; struggle daily for independence and identity. Some students refuse to acknowledge the need for special education to get them through school. Hanging out with peers gives them purpose, acceptance, approval and a sense of normalcy. A child with a facial birth mark may be solemn and reserved afraid to venture out and express themselves becoming detached from society; they live in internal depression and isolation. Low self esteem and feelings of worthlessness may lead to eating disorders, isolation, and an inactive stationary life style may be the only thing providing comfort and safety. Teenage girls rebelling against parents take extreme risks complying with male peers having sex to obtain independence. Some thinking that becoming a mother will give them meaning and purpose. Purpose or not the pregnant adolescent faces social, legal, moral, economic, health, and emotional problems. Abortions among adolescent girls have dropped significantly between the ages of 15 to 19 from 26.5 abortions per 1,000 teen families in 1990 to 14.5 abortions in 2000. Black, non-Hispanics have a higher percentage of abortions than White or Hispanic groups due to the lack of education, economics, parental, and community support.

Extreme Situations

What ever adolescents go through they will encounter curiosity and peer pressure towards experimenting with alcohol and drugs that can give them a sense of reality and acceptance further detaching themselves from parents. Many discover they like the feeling of the drug and acceptance from non judgmental friends. Unacceptable behavior is viewed as an acceptable expression of identity and purpose. The dynamics and complexity of substance abuse among some adolescents escaping or fitting in has dangerous consequences and

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13 http://edweb.sdsu.edu/people/cguanipa/ethnic.htm
14 www.rsoa.org/lectures/07/07.pdf
15 www.childtrendsdatabank.org/indicators/27teenabortions.cfm
ramifications. Most disturbing is the, “high-at risk youth,” in suicide and suicide attempts. Suicide is the third leading cause of death for adolescents 15-19 years old; with adolescent males ages 15 to 19 six times higher than females. Suicide affects young people from all races with Native American males having the highest rate and African American females with the lowest. Families with a history of depression, psychiatric disorders, family disruption, chronic or debilitating physical disorders and gender confusion contribute to individual feelings of abandonment and betrayal. These traits passed on to children can become overwhelming smothering all hope. In addressing the many issues facing adolescents today it would benefit therapists and counselors to keep an open mind in looking for signs or tendencies toward someone harming themselves. History, information, and fact finding will determine if past events are cause for current destructive behavior.

Prevention and Treatment

Care and treatment for adolescents should be sophisticated and specialized with a gentle straightforward non judgmental approach especially for high-at risk individuals. Youth contemplating harm or suicide are at the end of their rope presenting a difficult task for counselors conveying hope. During the first meeting; a listening and compassionate attentive counselor providing a non threatening environment that allows the adolescent to feel safe enough to talk about fears, desires and goals. The last thing the client needs is another patronizing authority figure saying, “I know how you feel, or it must be tough.” A place where the adolescent can vent, express, and be heard may ignite hope that someone cares. Not condemning them for behavior but why the behavior. Having the child recognize and accept the good in them such as their attributes, talents, uniqueness, and personality. Having them recognize and accept that people in their lives hurt and discredited them creating feelings of worthlessness. Adolescents having never experienced alcohol or drugs may suffer from image, emotional, and physical turmoil. Attitudes, opinions, and beliefs may have been oppressed growing up causing the child to withdraw, disassociate, and isolate. This person orients themselves to their own thoughts, feelings, and state of mind. In order for counselors to initiate treatment, harmful hard wired beliefs must be dealt with first. This in itself can be a huge break through for the client in recognizing lies and truths, especially for youth suffering from PTSD. This thought process, attitude, and approach help adolescents to recognize daily struggles that cause or contribute to using. Most of their lives they have been betrayed by authority figures, who can’t be trusted. Hopefully the counselor begins an honest, not judgmental rapport maintaining respect and dignity. Focusing on personality and character the counselor has a high-at risk youth talk about areas of interest that the counselor can use to stir motivation. (Rogers, 1977, Person Centered Therapy,) approach allows the client to see themselves as equals with the counselor. The attention on the youth and who they are as a person and not their problems can strengthen self worth and restore dignity. Care providers and agencies working with troubled youth must have a referral reference in place that provides different or extended modalities of treatment including intervention. This care for adolescents does not suggest that care for adult substance abuse receive less attention, rather different treatments are applied based on diagnosis. Adult actions and tendencies have long been established requiring longer time for care givers to undo old learned behavior, were as youth counselors work to stop the trend of destruction while their clients are young. Counselors must remain objective and focused on the client’s needs, avoiding personal counter transference. As stated earlier a simple innocent statement as, “I know how you feel”, is counter transference and

http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/4/871
DSM-IV-TR V71.02 pages 310-311
www.pandc.ca/?cat=carl_rogers&page=rogerian_therapy
unproductive; and the counselor subconsciously may not be aware of. Adolescents will perceive the counselor as a smart educated person, but feel that there was nothing said or done to help them. Counter transference can be a positive tool providing the counselor allows the client to initiate talk about other people. Adolescents experience trouble because they have lost trust in people especially trust in family. The loss of respect for schools, communities, and friends compromise trust being reestablished. Hopefully an effective, honest, compassionate, not judgmental, and respectful counselor will allow a young man or woman to see, hear, and experience that someone does care, that slowly reestablishes trust. Adolescents being reassured that confidentiality is maintained may be the beginning of trust.

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