

DOWNLOAD PDF COUNSELING THE ADOLESCENT SUBSTANCE ABUSER

Chapter 1 : Adolescents and Substance Abuse: What Works and Why?

RenzCenter is a not-for-profit corporation offering adolescent substance abuse treatment in an intensive outpatient program, outpatient therapy, and family counseling. Rosecrance: Rosecrance offers assessments, medical detoxification, partial hospitalization treatment, residential treatment, intensive outpatient treatment, and recovery homes for adolescents.

The chapter discusses the evolution of family therapy as a component of substance abuse treatment, outlines primary models of family therapy, and explores this approach from a systems perspective. The chapter also presents the stages of change and levels of recovery from substance abuse. Effectiveness and cost benefits of family therapy are briefly discussed.

Introduction The family has a central role to play in the treatment of any health problem, including substance abuse. Family work has become a strong and continuing theme of many treatment approaches Kaufmann and Kaufman a ; McCrady and Epstein , but family therapy is not used to its greatest capacity in substance abuse treatment. A primary challenge remains the broadening of the substance abuse treatment focus from the individual to the family. The two disciplines, family therapy and substance abuse treatment, bring different perspectives to treatment implementation. In substance abuse treatment, for instance, the client is the identified patient IP “the person in the family with the presenting substance abuse problem. In family therapy, the goal of treatment is to meet the needs of all family members. Family therapy addresses the interdependent nature of family relationships and how these relationships serve the IP and other family members for good or ill. The focus of family therapy treatment is to intervene in these complex relational patterns and to alter them in ways that bring about productive change for the entire family. Family therapy rests on the systems perspective. As such, changes in one part of the system can and do produce changes in other parts of the system, and these changes can contribute to either problems or solutions. It is important to understand the complex role that families can play in substance abuse treatment. Providing services to the whole family can improve treatment effectiveness. Meeting the challenge of working together will call for mutual understanding, flexibility, and adjustments among the substance abuse treatment provider, family therapist, and family. This shift will require a stronger focus on the systemic interactions of families. Many divergent practices must be reconciled if family therapy is to be used in substance abuse treatment. For example, the substance abuse counselor typically facilitates treatment goals with the client; thus the goals are individualized, focused mainly on the client. Substance abuse counselors often focus on the individual needs of people with substance use disorders, urging them to take care of themselves. This viewpoint neglects to highlight the impact these changes will have on other people in the family system. When the IP is urged to take care of himself, he often is not prepared for the reactions of other family members to the changes he experiences, and often is unprepared to cope with these reactions. On the other hand, many family therapists have hoped that bringing about positive changes in the family system concurrently might improve the substance use disorder. This view tends to minimize the persistent, sometimes overpowering process of addiction. Both of these views are consistent with their respective fields, and each has explanatory power, but neither is complete. Addiction is a major force in people with substance abuse problems. Yet, people with substance abuse problems also reside within a powerful context that includes the family system. Therefore, in an integrated substance abuse treatment model based on family therapy, both family functioning and individual functioning play important roles in the change process Liddle and Hogue

What Is a Family? There is no single, immutable definition of family. Different cultures and belief systems influence definitions, and because cultures and beliefs change over time, definitions of family by no means are static. While the definition of family may change according to different circumstances, several broad categories encompass most families: Traditional families, including heterosexual couples two parents and minor children all living under the same roof , single parents, and families including blood relatives, adoptive families, foster relationships, grandparents raising grandchildren, and stepfamilies. Extended families, which include

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grandparents, uncles, aunts, cousins, and other relatives. For many people, the elected family is more important than the biological family. Family members may disperse around the world, but still be connected emotionally and able to contribute to the dynamics of family functioning. In family therapy, geographically distant family members can play an important role in substance abuse treatment and need to be brought into the therapeutic process despite geographical distance. One distinction is the level of commitment that people have for each other and the duration of that commitment. Another distinction is the source of connection. Families are connected by alliance, but also by blood usually and powerful emotional ties almost always. In family therapy, clients identify who they think should be included in therapy. What do you consider your family to be? Anyone who is instrumental in providing support, maintaining the household, providing financial resources, and with whom there is a strong and enduring emotional bond may be considered family for the purposes of therapy see, for example, Pequegnat et al. No one should be automatically included or excluded. As treatment progresses, the idea of family sometimes may be reconfigured, and the notion may change again during continuing care. In other cases, clients will not allow contact with the family, may want the counselor or therapist to see only particular family members, or may exclude some family members. Brooks and Rice, p. Families possess nonsummativity, which means that the family as a whole is greater than—and different from—the sum of its individual members. The behavior of individual members is interrelated through the process of circular causality, which holds that if one family member changes his or her behavior, the others will also change as a consequence, which in turn causes subsequent changes in the member who changed initially. This also demonstrates that it is impossible to know what comes first: The Concept of Family In the United States the concept of family has changed during the past two generations. During the latter half of the 20th century in the United States, the proportion of married couples with children shrank—such families made up only 24 percent of all households in Fields and Casper. Some analysts are concerned about indications of increasing stress on families, such as the increasing number of births to single mothers from Census Bureau c]. The Family as an Ecosystem Substance abuse impairs physical and mental health, and it strains and taxes the agencies that promote physical and mental health. In families with substance abuse, family members often are connected not just to each other but also to any of a number of government agencies, such as social services, criminal justice, or child protective services. The social and economic costs are felt in many workplaces and homes. The ecological perspective on substance abuse views people as nested in various systems. Individuals are nested in families; families are nested in communities. Family therapy approaches human behavior in terms of interactions within and among the subsets of a system. In this view, family members inevitably adapt to the behavior of the person with a substance use disorder. They develop patterns of accommodation and ways of coping with the substance use e. Family members try to restore homeostasis and maintain family balance. This may be most apparent once abstinence is achieved. Homeostasis A young couple married when they were both 20 years old. One spouse developed alcoholism during the first 5 years of the marriage. Almost all young couples encounter communication and intimacy issues during the first decade of the relationship. In an alcoholic marriage or relationship, such issues are regularly pushed into the background as guilt, blame, and control issues are exacerbated by the nature of addictive disease and its effects on both the relationship and the family. The possible complexities of the above situation illustrate both the relevance of family therapy to substance abuse treatment and why family therapy requires a complex, systems perspective. These elements of personal growth are important to the development of serenity in recovery and stability in the relationship. Alternately, clarifying boundaries between dysfunctional family members—including encouraging IPs to detach from family members who are actively using—can alleviate stress on the IP and create emotional space to focus on the tasks of recovery. What Is Family Therapy? A family is a system, and in any system each part is related to all other parts. Consequently, a change in any part of the system will bring about changes in all other parts. Therapy based on this point of view uses the strengths of families to bring about change in a range of diverse problem areas, including substance abuse. Family therapy in substance abuse treatment has two main purposes. Second, it

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ameliorates the impact of chemical dependency on both the IP and the family. The person abusing substances is regarded as a subsystem within the family unit—the person whose symptoms have severe repercussions throughout the family system. The familial relationships within this subsystem are the points of therapeutic interest and intervention. The therapist facilitates discussions and problemsolving sessions, often with the entire family group or subsets thereof, but sometimes with a single participant, who may or may not be the person with the substance use disorder. It differs from family therapy in that the family is not the primary therapeutic grouping, nor is there intervention in the system of family relationships. Most substance abuse treatment centers offer such a family educational approach. It typically is limited to psychoeducation to teach the family about substance abuse, related behaviors, and the behavioral, medical, and psychological consequences of use. In addition, programmatic enhancements such as classes that teach English as a second language also are not family therapy. Although educational family activities can be therapeutic, they will not correct deeply ingrained, maladaptive relationships. The following discussions present a brief overview of the evolution of family therapy models and the primary models of family therapy used today as the basis for treatment. Chapter 3 provides more detailed information about these models. Historical Models of Family Therapy Marriage and family therapy MFT had its origins in the s, adding a systemic focus to previous understandings of the family. Systems theory recognizes that A whole system is more than the sum of its parts. Parts of a system are interconnected. Certain rules determine the functioning of a system. Systems are dynamic, carefully balancing continuity against change. Promoting or guarding against system entropy i. They sought to shift family boundaries so the boundary between parents and children was clearer. Intervention is aimed at having the parents work more cooperatively together and at reducing the extent to which children assume parental responsibilities within the family. One major model that emerged during this developmental phase was cognitive—behavioral family and couples therapy. It grew out of the early work in behavioral marital therapy and parenting training, and incorporated concepts developed by Aaron Beck. Beck reasoned that people react according to the ways they think and feel, so changing maladaptive thoughts, attitudes, and beliefs would eliminate dysfunctional patterns and the triggers that set them in motion Beck This union of cognitive and behavioral therapies in a family setting was new and useful.

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Chapter 2 : Treating Adolescents for Substance Abuse and Comorbid Psychiatric Disorders

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Coupled with pressures from school, friends, family problems, and a host of other issues, teenagers are especially susceptible to substance abuse and addiction. When they seek help, either on their own or at the urging of a parent or friend, they usually find themselves under the guidance of a teen substance abuse counselor, whose job it is to help the adolescent recover from drug, alcohol, or any other addiction through compassionate and persistent counseling sessions. If you are a naturally caring person who works well with young adults, you might consider a rewarding career as a teen substance abuse counselor. What is a Teen Substance Abuse Counselor? The role of a teen substance abuse counselor is highly specialized and focuses on providing support and guidance to young people struggling with substance abuse issues. These issues can be with drugs or alcohol but also with other substances, such as food. Teen substance abuse counselors work with their young clients to better understand the motivation behind their issues and subsequently to modify the approaches to triggers with the ultimate aim of modification of the abusive behaviors. Teen substance abuse counselors will work with their clients in a variety of ways – on a one-to-one basis, in small groups with families or in group counseling sessions with several clients at once. All types of support are provided with the aim of helping young people manage their substance abuse behaviors and achieve long-term goals. The relationship between teen substance abuse counselors and their clients is often a long-term one. A counselor in this field will regularly work with the same clients over many months or years to ensure that relapses are minimized and behaviors are significantly modified as the young person moves into adulthood. This involves addressing the underlying causes for what led a teenager to seek out the substance in question to begin with, whether the urge stems from peer pressure, family problems, trouble at school, or elsewhere. From there, the counselor devises a treatment plan to help the patient through his or her recovery, and provides a safe, nonjudgmental environment for the patient to air out any frustrations, fears, or other concerns. Family therapy sessions might also be a common occurrence, so counselors must be able to juggle multiple and sometimes conflicting points of view at once to maintain control of a therapy session when it becomes too emotionally charged. Unfortunately there is a need for substance abuse counselors who deal youngsters who abuse alcohol, tobacco or drugs. Teenagers may experiment and indulge in risky behaviors that include substance use. Teens may use controlled substances because they think it makes them more mature, because they want to fit in or because they simply like the way the substance makes them feel. Teen substance abuse counselors are needed because teen substance abuse can lead to serious problems. A teenager abusing drugs may find it hard to keep up in school, find themselves at odds with family members at home, lose their friends and find themselves with severe legal problems. Using drugs and alcohol can put the teenager at risk for injury or even death as the result of car accidents, drowning, street violence and suicide. Drug and alcohol abuse can also increase the risk of pregnancy and sexually transmitted infections. Teen substance abuse counselors work with teenagers to prevent and treat substance abuse by providing therapy and crisis counseling, designing recovery plans and making referrals to teen substance abuse programs. Counselors work in a variety of settings, most commonly therapeutic communities and rehabilitation centers, hospitals, health agencies, private practices, and addiction treatment and detoxification centers. Most counselors work a minimum of 40 hours per week, including holidays and late hours depending on the particular center in which they work. Many of their job sites are open 24 hours a day, so keep this in mind when considering this as a possible career choice. Students can choose to specialize in many different sub-fields, such as education and prevention, family counseling, compulsive gambling, criminal justice, adolescent treatment, and many more. After graduation, newcomers to the field can expect to spend at least two years in training before moving beyond entry-level positions. As always, the more education and the more time spent training, the better prospects for advancement a professional faces. A job as

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a teen substance abuse counselor is a role requiring a very unique skill set. Over and above the attributes needed as a counselor, this role also requires the following: True passion for helping young people This role requires dealing with people at a difficult time in their lives and with a difficult addicted situation. Relatable to a young audience By definition, a teenage substance abuse counselor will be dealing with clients at a completely different stage of life to their own. Regardless, counselors in this field need to be able to relate to their clients, take an interest in their passions and discuss things of interest to them. To be able to gain their trust and achieve meaningful results, this has to be believable and credible. Counselors in this area also need a good awareness of the social pressures faced by their young clientele as well as cultural or societal factors that may be influencing their behavior. Engaging to teenagers Out of all client age groups, teenagers probably react most strongly to the way in which they are approached. Teen substance abuse counselors, therefore, need to interact with them in an engaging and positive way. For their clients, they need to capture their interest before maintaining it with discussion of relevance and interest to the young person. Their style needs to be conversational and approachable. Counsellors in this area may also be involved with education programs for young people to alert them to the signs and symptoms of substance abuse. Again, for this message to be effective, it must be delivered in a way that the young people relate to and can identify with. However, according to the U.

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Chapter 3 : Rehab Centers for Teens in NC | First Step Services LLC

Adolescent Community Reinforcement Approach (A-CRA) A-CRA is an intervention that seeks to help adolescents achieve and maintain abstinence from drugs by replacing influences in their lives that had reinforced substance use with healthier family, social, and educational or vocational reinforcers.

How does one choose Client Experiences Overall this was a very good experience for me. As it went along I started really taking in the feedback and information. Kai gave good topics and I really learned a lot from being in her groups. The members all gave good positive feedback. But I was wrong! I got a lot for the people I was around in this group, and the counselors was understanding and made me see things in a different light. I gained so much being here, and I Anonymous "It felt like my life was over. But with support from my wife and family I got through this obstacle. One of the healthiest things we can do for ourselves is to not worry about tomorrow, but focus on the positives for Anonymous At first I was reluctant to come to group, but after seeing that it was a relaxing setting I opened up more. I was able to share my experiences and learn from others. Alcohol does not have to be present to have a good time and when you remove that, sometimes you remove people who Anonymous I first came to First Step as requested by rehab Next Generation Village and forced by mom. My Xanax addiction was what ultimately got me into these programs. The most helpful thing was the consistent reminders of why I should stay sober. My first impression was surprise at how accepting the group was and how there were others like me. I think being expected to contribute was the most helpful for me. I normally am more quiet and this rule helped me join in the conversation. The counselors were very professional and I learned a lot about people that are struggling with addiction. How these Anonymous What brought me to First Step was a suggestion from my HR manager after work after I was drug tested out of suspicion. I had never attended any kind of program like this before. Initially it was scary upon entering the room but I quickly saw how comfortable all the group members were with sharing Anonymous.

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Chapter 4 : Adolescent Substance Abuse Counselor Jobs, Employment | www.nxgvision.com

Adolescent Substance Abuse Treatment Since , ACS' Adolescent Substance Abuse Treatment Program (ASAT) has been providing professional assessment and outpatient treatment services specifically designed for youth struggling with substance abuse and/or addiction.

A Research-Based Guide Behavioral Approaches Behavioral interventions help adolescents to actively participate in their recovery from drug abuse and addiction and enhance their ability to resist drug use. In such approaches, therapists may provide incentives to remain abstinent, modify attitudes and behaviors related to drug abuse, assist families in improving their communication and overall interactions, and increase life skills to handle stressful circumstances and deal with environmental cues that may trigger intense craving for drugs. Below are some behavioral treatments shown to be effective in addressing substance abuse in adolescents listed in alphabetical order. Group Therapy for Adolescents Adolescents can participate in group therapy and other peer support programs during and following treatment to help them achieve abstinence. When led by well-trained clinicians following well-validated Cognitive-Behavioral Therapy CBT protocols, groups can provide positive social reinforcement through peer discussion and help enforce incentives to staying off drugs and living a drug-free lifestyle. However, group treatment for adolescents carries a risk of unintended adverse effects: Group members may steer conversation toward talk that glorifies or extols drug use, thereby undermining recovery goals. Trained counselors need to be aware of that possibility and direct group activities and discussions in a positive direction. Adolescent Community Reinforcement Approach A-CRA A-CRA is an intervention that seeks to help adolescents achieve and maintain abstinence from drugs by replacing influences in their lives that had reinforced substance use with healthier family, social, and educational or vocational reinforcers. A core element of CBT is teaching participants how to anticipate problems and helping them develop effective coping strategies. In CBT, adolescents explore the positive and negative consequences of using drugs. They learn to monitor their feelings and thoughts and recognize distorted thinking patterns and cues that trigger their substance abuse; identify and anticipate high-risk situations; and apply an array of self-control skills, including emotional regulation and anger management, practical problem solving, and substance refusal. CBT may be offered in outpatient settings in either individual or group sessions see " Group Therapy for Adolescents " or in residential settings. This approach, known as Contingency Management CM , provides adolescents an opportunity to earn low-cost incentives such as prizes or cash vouchers for food items, movie passes, and other personal goods in exchange for participating in drug treatment, achieving important goals of treatment, and not using drugs. The goal of CM is to weaken the influence of reinforcement derived from using drugs and to substitute it with reinforcement derived from healthier activities and drug abstinence. For adolescents, CM has been offered in a variety of settings, and parents can be trained to apply this method at home. CM is typically combined either with a psychosocial treatment or a medication where available. Recent evidence also supports the use of Web-based CM to help adolescents stop smoking. Being empathic yet directive, the therapist discusses the need for treatment and tries to elicit self-motivational statements from the adolescent to strengthen his or her motivation and build a plan for change. If the adolescent resists, the therapist responds neutrally rather than by contradicting or correcting the patient. MET, while better than no treatment, is typically not used as a stand-alone treatment for adolescents with substance use disorders but is used to motivate them to participate in other types of treatment. The benefits of step participation for adults in extending the benefits of addiction treatment appear to apply to adolescent outpatients as well, according to recent research. Research also suggests adolescent-specific step facilitation strategies may help enhance outpatient attendance rates. This page was last updated January Contents.

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Chapter 5 : Adolescent Substance Abuse

COUNSELING DIFFICULT TO REACH ADOLESCENT MALE SUBSTANCE ABUSERS By Shannon Mayeda Ph.D., LCSW, CRADC and Mark Sanders, LCSW, CADAC A recent New York Times article by Charles Siebert describes an increase of violence.

Changes in appetite or sleep patterns: This could be characterized by a marked increase or decrease in either or both. For example, individuals abusing amphetamines may show a diminished need for sleep and food. Those abusing marijuana may sleep more and have an increased appetite. These effects may vary depending upon the drug being abused. Deterioration of physical appearance: Typical teenagers are very concerned about the way they look to peers and friends and may be very specific about clothing, makeup, and overall hygiene. Individuals abusing substances often start to focus less on their physical appearance as their substance use increases. Withdrawal from social or important activities: You may notice your teen stops showing interest in things he or she once found pleasurable. For example, they may start missing school or participate less in sporting events or other social activities. In addition, adolescents using drugs may be less likely to participate in family events or functions. Unexplained need for money or secretive about spending habits: Individuals abusing drugs may begin asking for money without a clear reason. Generally an abuser will not ask for very large amounts, but rather small amounts over periods of time. They may also become more secretive about spending habits. For example, he or she may claim to need more for something than they actually need and pocket the extra money. Sudden change in friends or locations: For example, a teen may start hanging out with a different crowd of friends. You may notice where they hang out may change as well. Increased interpersonal or legal problems: Adolescents abusing substances may start having more interpersonal problems, i. They may begin to get in legal trouble for shoplifting or other crimes and cited for possession or underage drinking. Change in personality or attitude: This one can be a little tricky. Given the raging hormones of teenagers, personality and attitudes can change regularly as a normative stage of development. However, for adolescents abusing substances, this will look a little different. The mood swings would be unlike typical teenage attitudes. Your teen may appear very lethargic or more irritable than usual. In addition, thought processes and behaviors may become irrational and unpredictable. If your teen is normally very responsible and there is a change in that behavior, this may be a sign. Substance abuse often begins to take precedence over other things that were once deemed important. As a result, responsibilities are often neglected and the teen becomes more and more irresponsible over time. Using despite knowing it is dangerous: Most teens are very aware of the negative effects and possible consequences of substance use. If your teen is using despite this knowledge, this is a sign of abuse. First, treatment should include a thorough assessments in order to determine baseline substance use, psychopathology, and other problems occurring in social areas of the adolescent. Two common therapeutic approaches to adolescent substance abuse include multidimensional family therapy and motivational interviewing trans-theoretical model. Multidimensional Family Therapy Multidimensional family therapy MDFT is an integrative model used to treat the main social system surrounding the adolescent. In , researchers found there are four areas or domains in which treatment is implemented using the MDFT approach of adolescent substance abuse Liddle et al. The first is known as the adolescent domain and centers on communication aspects of an adolescent client and how they relate to family members. Second, the parent domain primarily focuses on the parents and their involvement during the treatment process. Next, the family interactional domain works on decreasing levels of conflict and stress within the family system while improving problem solving skills and emotional attachments. Finally, the extra familial domain encourages coordination of care for the adolescent client with regards to other social systems such as school administrators and teachers. When all major systems of the adolescent are included in treatment, there is a significant decrease in the risk for future substance abuse, reduced or eliminated current substance abuse, and treatment provides adolescents with protective factors to better process conflict. Motivational Interviewing and

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Trans-theoretical Model The goal of motivational interviewing is to facilitate change by empowering the adolescent to examine current behaviors and goals to understand the process of change which may include the initiation, modification, or termination of a specific behavior. The process of change is known as the trans-theoretical model or the stages of change model in which a fluid series of stages are described of which an adolescent moves through as they change a behavior. The stages of change include pre-contemplation, contemplation, preparation, action, and maintenance. The stages of change are incorporated into treatment by having an adolescent review their past and present substance use behaviors and develop a plan as how to achieve change.

Family Involvement No matter the level of care or treatment model used when addressing adolescent substance abuse, family involvement in treatment is critical. Resources such as Al-Anon or Alateen are available and provide peer support for the family of a substance using or recovering adolescent. Where to seek help if you become aware or suspect your adolescent is using drugs or alcohol: There are a number of local resources available for families and adolescents regarding teen drug and alcohol use. Please contact agencies listed below for more information regarding your specific needs. Centennial Counseling Center is a multidisciplinary private practice group with offices in three locations: Charles, Sandwich, and Yorkville. The practice is organized as a professional corporation and is owned by Dr. CCC includes four of the five licensed mental health disciplines psychology, social work, marriage and family therapy, and professional counseling.

Linden Oaks Behavioral Health: Linden Oaks offers adolescents and their families assessment services, intensive outpatient treatment IOP , outpatient treatment, individual therapy, family therapy, and group therapy. **RenzCenter** is a not-for-profit corporation offering adolescent substance abuse treatment in an intensive outpatient program, outpatient therapy, and family counseling. **Rosecrance** offers assessments, medical detoxification, partial hospitalization treatment, residential treatment, intensive outpatient treatment, and recovery homes for adolescents. **Youth, Bureau of Justice Statistics.** **Multidimensional family therapy for young adolescent substance abuse:** American Psychological Association, 77 1 , Symptoms of Teen Substance Abuse. Retrieved on March 10, , from <http://> A comprehensive and comparative review of adolescent substance abuse treatment outcome.

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Chapter 6 : Adolescent Substance Abuse Treatment | Adolescent Counseling Services

This volume provides the information needed to offer both effective counselling services and substance abuse prevention programmes to adolescents. Following an overview of the problem of adolescent drug use, the author describes how school professionals can intervene, addressing the needs of.

Improve school attendance and performance. Eradicate environmental prevalence of drugs. Treatment occurs in natural environments such as the home, school or neighborhood, and it has been proved to reduce rates of incarceration and substance abuse. Multidimensional Family Therapy Multidimensional family therapy is an outpatient treatment for teens who abuse drugs. It focuses on individual, family, peer and community networks to reduce problematic behavior and encourage healthy behavior. MDT occurs in clinics, family court, school or homes. It usually involves individual sessions and family sessions in which the adolescent learns decision-making and problem-solving skills. During family sessions, parents examine their parenting style and learn to positively and effectively influence healthy behavior. Brief Strategic Family Therapy Therapists use brief strategic family therapy to reduce family interactions that support or exacerbate teen drug abuse or problematic behavior. Such behavior includes problems at school, delinquency, association with anti-social peers, aggressive tendencies and high-risk sexual behavior. The therapist identifies and corrects family interactions that provoke problematic behavior. The approach can be used in mental health facilities, rehab clinics, homes and a variety of other settings. Functional Family Therapy Functional family therapy is also based on the idea that dysfunctional family interactions create and support problematic behavior. The goal of FFT is to improve communication, problem-solving skills and parenting skills. Each therapy session involves the adolescent and one or more family members. FFT engages families in the treatment process to encourage motivation for change. It also incorporates contingency management techniques and other types of behavioral therapy. Adolescent Community Reinforcement Approach Adolescent community reinforcement approach is similar to the community reinforcement approach used for adults, but it involves standardized procedures for improving communication, solving problems and coping with stress. Role playing and behavioral rehearsal techniques are key aspects of the therapy. Assertive Continuing Care Assertive continuing care involves weekly home visits during the three-month period after a teenager is discharged from a drug rehab facility. The therapy teaches teens and their caregivers problem-solving skills, communication techniques and other tools for promoting recovery. Ready to begin your counseling? Take the first step and start your recovery today. Get Help Now Step Facilitation Therapy Therapists often encourage patients to participate in step programs such as Alcoholics Anonymous and Narcotics Anonymous to support long-term recovery. Studies on step programs show they effectively help many people in recovery abstain from: Alcohol Methamphetamine Opioids Such step programs are founded on a few key principles: Individuals with substance use disorders have no control of the disease, must surrender to a higher power and actively participate in support group meetings. Many therapists refer patients to step groups, and some treatment facilities host support group meetings. Other therapies such as EMDR and step facilitation therapy are also backed by a plethora of research. There are no other evidence-based replacements for these traditional therapies, but studies do support a variety of complementary treatments for addiction. Yoga, Meditation and Mindfulness Yoga is an exercise that emphasizes controlled breathing and body postures to promote physical strength, concentration and serenity. Clinical trials involving yoga and mindfulness found the therapies were effective complements to preventing and treating addiction, according to a study published in *Complementary Therapies in Medicine*. A meta-analysis of studies on meditation published in *Alcoholism Treatment Quarterly* found that the technique can reduce stress, anxiety, tobacco smoking, and alcohol and drug abuse. Additionally, a clinical trial on mindfulness therapy published in the *Journal of Consulting and Clinical Psychology* found yoga was a feasible and effective treatment for opioid abuse and chronic pain. Animal Therapy Several therapies for addiction involve animals. During equine therapy, one of the most popular

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animal-assisted therapies, patients interact with horses. The horses give feedback through nonverbal cues. The patients learn to understand their own emotions and overcome negative emotions such as frustration and fear. Other therapies involve people in recovery voluntarily helping animals at shelters or having animals during traditional therapy sessions. Animal-assisted therapy can also reduce stress, fear and anxiety. Acupuncture Acupuncture therapists insert fine needles into the body to stimulate healing. Acupuncture is a complementary treatment option at several rehab facilities, and people in self-help programs also report benefits from acupuncture. A study of patients in recovery from cocaine addiction published in the Archives of Internal Medicine found patients assigned to acupuncture therapy were more likely to abstain from cocaine use. Another study published in the American Journal of Public Health found acupuncture significantly improved tobacco smoking cessation rates. Music Therapy Music therapy techniques include lyric analysis, songwriting, musical games and ad-libbing music based on emotions. During music therapy, patients engage emotions, motivations and barriers to treatment through lyrics and melody. Research on music therapy has found songwriting can promote healthy change, drumming can promote relaxation and dancing can reduce stress, anxiety and symptoms of depression. Art Therapy Patients express themselves by drawing, painting, sculpting or creating art journals during art therapy. Art therapy techniques also include stress painting, in which patients paint during periods of high stress, and the creation of incident drawings: Some therapists emphasize interpretation and contemplation as therapeutic techniques during art therapy. Studies on art therapy indicate it can decrease denial, treatment avoidance and shame. It can also be used to facilitate group discussions and motivate change. Horticultural Therapy Horticultural therapy involves gardening and other plant-based activities led by a trained therapist. Studies indicate horticultural therapy, also referred to as garden therapy and therapeutic gardening, can enhance critical thinking, improve attention span, decrease stress, reduce anxiety and improve social integration. Effective substance abuse treatment requires patients to address all underlying causes of addiction. Most patients undergo multiple therapies to address all of the causes. Counseling and therapy are essential tools in the recovery process and have been proved to help individuals in recovery.

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Chapter 7 : Behavioral Approaches | National Institute on Drug Abuse (NIDA)

Responsibilities: Provide substance abuse treatment to adolescent clients as assigned in the Washington County School Districts. The successful candidate will effectively o Master's degree in social work, counseling, psychology, or related field.

The personal and social damage that substance abuse inflicts on young people compels the school, the family, and the nation to develop new strategies for treatment and prevention. In this country, the level of drug use among young people is the highest of any developed country of the world: Feeling responsible for the pain of its members, the hero tries to improve the situation by trying to be a success in an environment outside the home. The family ignores the child, who is then left to face problems alone. An intervention geared to motivate the abuser to seek help includes the following activities: **TREATMENT** Substance abusers usually have long histories of abuse, extremely strong defenses against change, and relatively little ability to follow through on commitments. Group counseling offers the opportunities for these clients to learn that their concerns are not unique. In addition, substance abusers are known to be dependent and manipulative and to use the defenses of denying, blaming, and rationalizing to excuse their abusive behaviors. A group, especially one in which other abusers recognize and confront these defenses, is more likely to cut into them than is the individual counselor working alone. The group offers both support and confrontation, and resocialization begins to occur. This "law and order" approach, however, does not address the underlying problems. Schools have also responded to the drug problem with their most available tool--education. Unfortunately, large doses of factual material do not deter youngsters from experimenting with drugs. **PREVENTION** Reducing the misuse of drugs has been identified as one of the 15 health objectives for the nation, with adolescents identified as one of the target areas for service and research. Intervention categories for this area include: The goal of current research is to expand our knowledge about how existing prevention programs actually operate, which programs have been effective and why, and whether these programs are transferrable to other settings. Leukefeld, and Jacqueline P. Gombert, Christopher A, and Andrew G. Gullotta, Thomas, and Gerald R. Government Printing Office, Further, this site is using a privately owned and located server. This is NOT a government sponsored or government sanctioned site.

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Chapter 8 : Adolescent Substance Abuse: Counseling Issues. In Brief: An Information Digest from ERIC/C

Drug abuse can be defined as the use of any chemical substance that causes physical, mental, emotional, or social harm to an individual or to the people close to him/her. In this country, the level of drug use among young people is the highest of any developed country of the world.

Tweet In a study conducted by a renowned treatment center, more than half of all teens admitted to experimenting with drugs before leaving high school, and half admitted to using alcohol by eighth grade. Nearly half of parents admit today to using alcohol or drugs to get drunk or high when they were teenagers. In fact, half of the teens said it would make them less likely to use drugs if their parents told them about their own drug use when they were younger. The magnitude of teen substance use and its potential for turning into abuse, chemical dependency, and addiction, has serious consequences. Effects of Substance Abuse Alcohol-related automobile accidents are the leading cause of death and disability among U. Among youths who were heavy drinkers in , Among nondrinkers, only 4. Similarly, among youths who smoked cigarettes, the rate of past month illicit drug use was Among youth aged 12 to 17 in , 9. Young adults aged 18 to 22 enrolled full-time in college were more likely than their peers not enrolled full-time to report any use, binge use, or heavy use of alcohol in This rate is higher than usage rates among this age group for cigarettes, marijuana, hallucinogens, cocaine, and prescription drugs, according to to data from the National Surveys on Drug Use and Health NSDUHs. The only substance reporting a higher rate at 9. For teens who abuse alcohol and other drugs, adverse consequences become a daily part of their lives. Besides the high rate of deadly automobile accidents, teens with substance use disorders a likely to become involved with crime, delinquency and truancy. They also have a greater probability of engaging in unprotected sexual activity, experiencing problems at school, and report struggling with depression , anxiety , and a range of other emotional disorders. Warning Signs The Colorado State University Extension website Adolescent Alcohol and Drug Abuse lists the following warning signs for parents concerned about adolescent alcohol or drug use: Admitting substance abuse is not easy, but admitting to addiction is even harder, and the road to recovery difficult and complex. Yet, a range of options exist for those seeking treatment for teen substance use disorders, including both short-term and long-term treatment facilities and wilderness programs for troubled teens. Request information from schools offering degrees in psychology to get started on this meaningful and rewarding career. Long-term Residential Treatment Centers Parents of adolescents who are addicted to drugs or alcohol, who have unsuccessfully tried treatment through community outpatient clinics or facilities, or who simply refuse help, disobey rules, and are constantly truant from school or in trouble with the law, often turn to long-term residential treatment centers for more long-lasting solutions. Relapse rates for addicts are high, according to the National Institute on Drug Abuse. A Los Angeles Times article by Shari Roan discussed a UCLA study focusing on 1, adolescents, a study comparing substance abuse treatment on short-term and long-term residential treatment programs. The study found that those in treatment for 90 days or more had significantly lower relapse rates than those in programs less than 21 days. This study confirmed others done on all age groups, proving that the longer the treatment - at least 90 days - the better the chance of abstinence for a longer period of time. Substance abuse experts point to the comprehensive nature of long-term treatment as one reason for its effectiveness. They point to the healing, supportive environment of long-term treatment centers, and the intensive individual and group therapy sessions as contributing to the effective long-term residential treatment. Experts also say the longer adolescents separate from environments where they once abused drugs, and live within a sober environment, finding support and learning from others struggling with addictions, the better chance of recovery. Long-term facilities teach and support the following: Coping skills that involve being able to refuse drugs once back at school around drug-using peers Interventions that teach adolescents how to cope with stress Effective communication skills and techniques Family counseling How to deal with cravings and triggers that the teen will confront for the rest of his or her life How to deal with withdrawal

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symptoms How to enjoy life sober and free from drugs How to access community support groups Wilderness Programs for Troubled Teens Wilderness programs exist for struggling teens, teens coping with a range of disorders including substance abuse, addiction, and chemical dependency. These unique programs are not simply summer camps, but run year round, and many include academics as well as therapeutic modalities - within the context of a wilderness experience. Taking kids away from the cultural influences that often support their substance disorders, influences such as television, video games, peers who also abuse substances, and family members who often unknowingly enable behaviors, students learn how to rely on themselves to solve problems and cope. They also re-learn how to form social bonds and get along with the other participants. They camp, gather their own food and water, build fires without matches, and build positive relationships without the presence of drugs or alcohol. They build self-esteem by learning how to problem-solve, build self-confidence, and regain self-respect through achieving - and earning - greater levels of responsibility. What they solve in the wilderness has metaphorical counterparts to problems they must solve in their everyday lives. Trained and certified substance abuse counselors and other professionals are there working one-on-one with the students, conducting group counseling sessions, and ensuring the safety and appropriateness of all tasks and assignments. Established in the s, these programs evolve each year, staying in touch with the issues and problems facing each new generation, and hiring professionals dedicated to solving the complex issues surrounding substance abuse and behavioral disorders.

Chapter 9 : What is Adolescent Substance Abuse

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Adolescent substance use needs to be identified and addressed as soon as possible. Drugs can have long-lasting effects on the developing brain and may interfere with family, positive peer relationships, and school performance. Most adults who develop a substance use disorder report having started drug use in adolescence or young adulthood, so it is important to identify and intervene in drug use early. Adolescents can benefit from a drug abuse intervention even if they are not addicted to a drug. Parents and other adults should monitor young people and not underestimate the significance of what may appear as isolated instances of drug taking. Routine annual medical visits are an opportunity to ask adolescents about drug use. Adolescents with substance use disorders rarely feel they need treatment and almost never seek it on their own. Research shows that treatment can work even if it is mandated or entered into unwillingly. Treatment should address the needs of the whole person, rather than just focusing on his or her drug use. Behavioral therapies are effective in addressing adolescent drug use. Behavioral therapies, delivered by trained clinicians, help an adolescent stay off drugs by strengthening his or her motivation to change. This can be done by providing incentives for abstinence, building skills to resist and refuse substances and deal with triggers or craving, replacing drug use with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships. Families and the community are important aspects of treatment. In addition, members of the community such as school counselors, parents, peers, and mentors can encourage young people who need help to get into treatment and support them along the way. Effectively treating substance use disorders in adolescents requires also identifying and treating any other mental health conditions they may have. Adolescents who abuse drugs frequently also suffer from other conditions including depression, anxiety disorders, attention-deficit hyperactivity disorder ADHD , oppositional defiant disorder, and conduct problems. Treatment for these problems should be integrated with the treatment for a substance use disorder. Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed. It is important to monitor drug use during treatment. Adolescents recovering from substance use disorders may experience relapse, or a return to drug use. Triggers associated with relapse vary and can include mental stress and social situations linked with prior drug use. It is important to identify a return to drug use early before an undetected relapse progresses to more serious consequences. Staying in treatment for an adequate period of time and continuity of care afterward are important. Many adolescents also benefit from continuing care following treatment, 26 including drug use monitoring, follow-up visits at home, 27 and linking the family to other needed services. Testing adolescents for sexually transmitted diseases like HIV, as well as hepatitis B and C, is an important part of drug treatment. Adolescents who use drugs whether injecting or non-injecting are at an increased risk for diseases that are transmitted sexually as well as through the blood, including HIV and hepatitis B and C. All drugs of abuse alter judgment and decision making, increasing the likelihood that an adolescent will engage in unprotected sex and other high-risk behaviors including sharing contaminated drug injection equipment and unsafe tattooing and body piercing practices potential routes of virus transmission. This page was last updated January Contents.