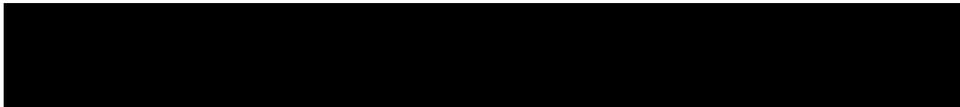


Getting Past “No!”

Mary Egan, MA, CADC
Director of Outreach





<https://www.youtube.com/watch?v=7cSudpyEU9w>

















Even the very best school is a
difficult place for a child.

Michael Thompson, Ph.D., *The Pressured Child*

Children go through more changes in six years of adolescence than at any other time in their lives.



“People without a firm sense of identity
are vulnerable to mental illness.”

Michael Thompson, Ph.D.



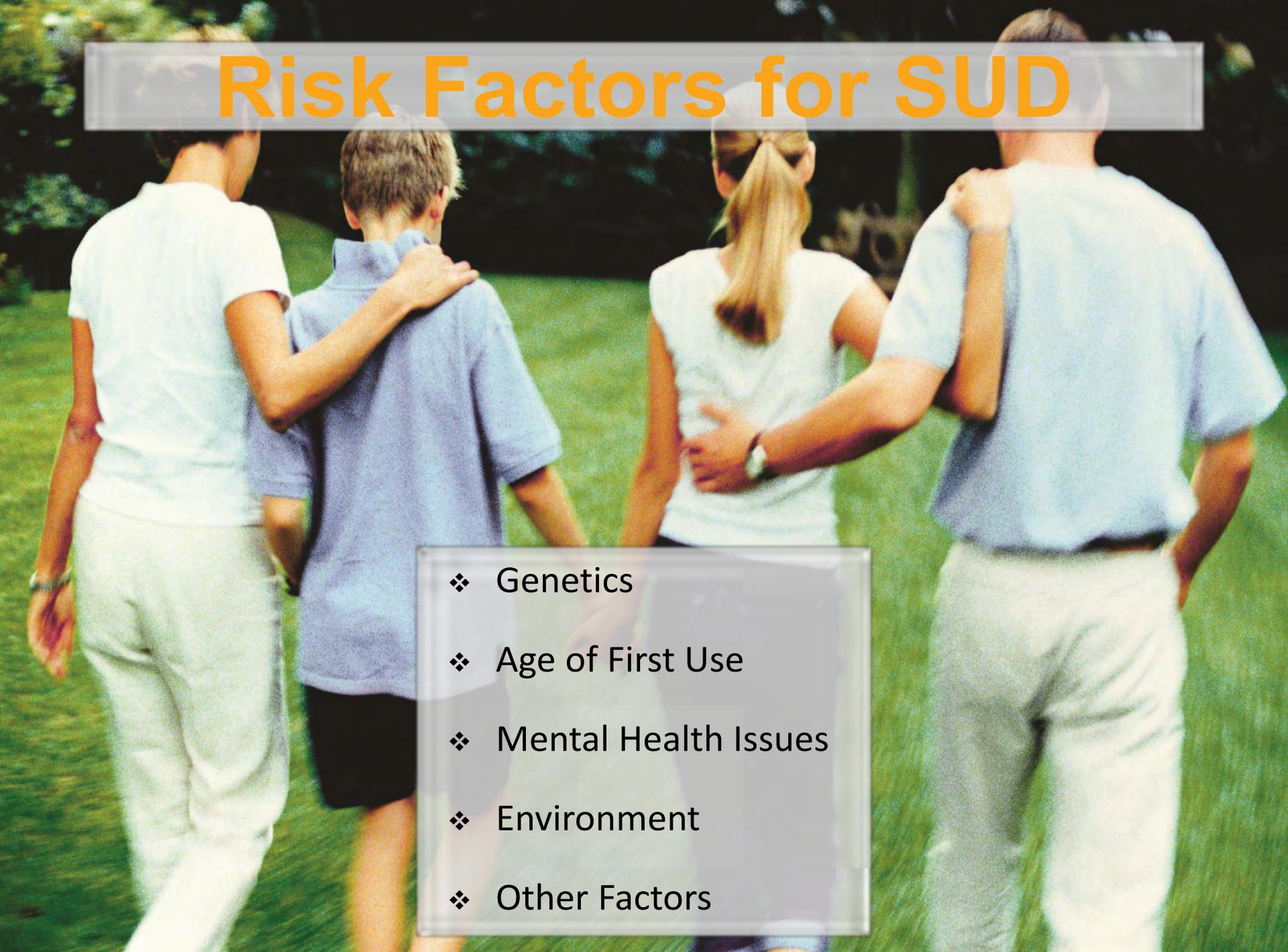
Adolescents struggling with anxiety and depression will often self-medicate with drugs and alcohol.

Watch for Emerging Mental Health Issues

- ‘I can’t handle the pressure of school/sports/family life (anxiety)’
- ‘I don’t like myself/feel comfortable in my own skin (depression)’
- ‘I can’t take the memory of what happened/is happening (abuse/trauma)’
- ‘I can’t focus in school (ADHD)’

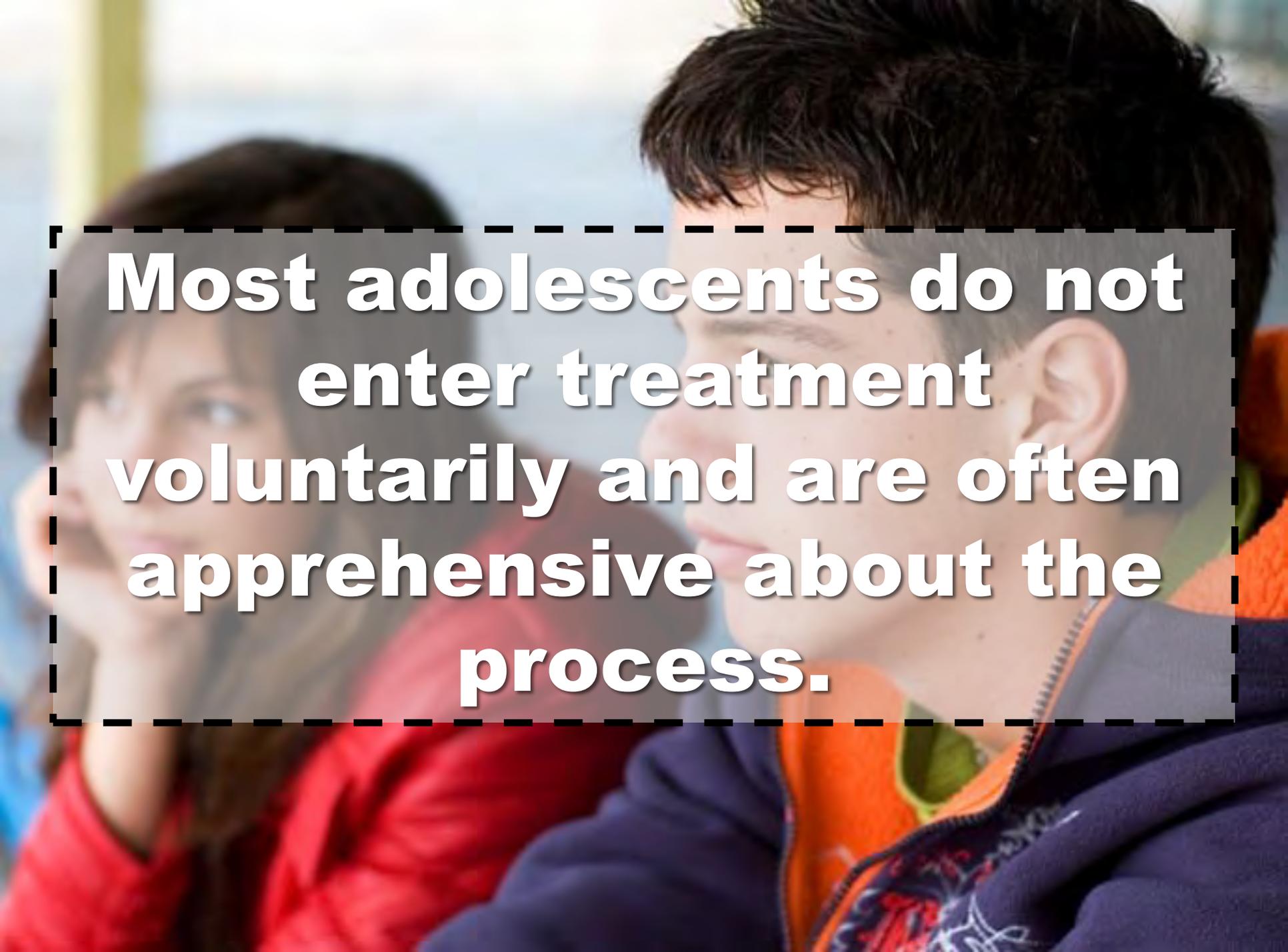


Risk Factors for SUD

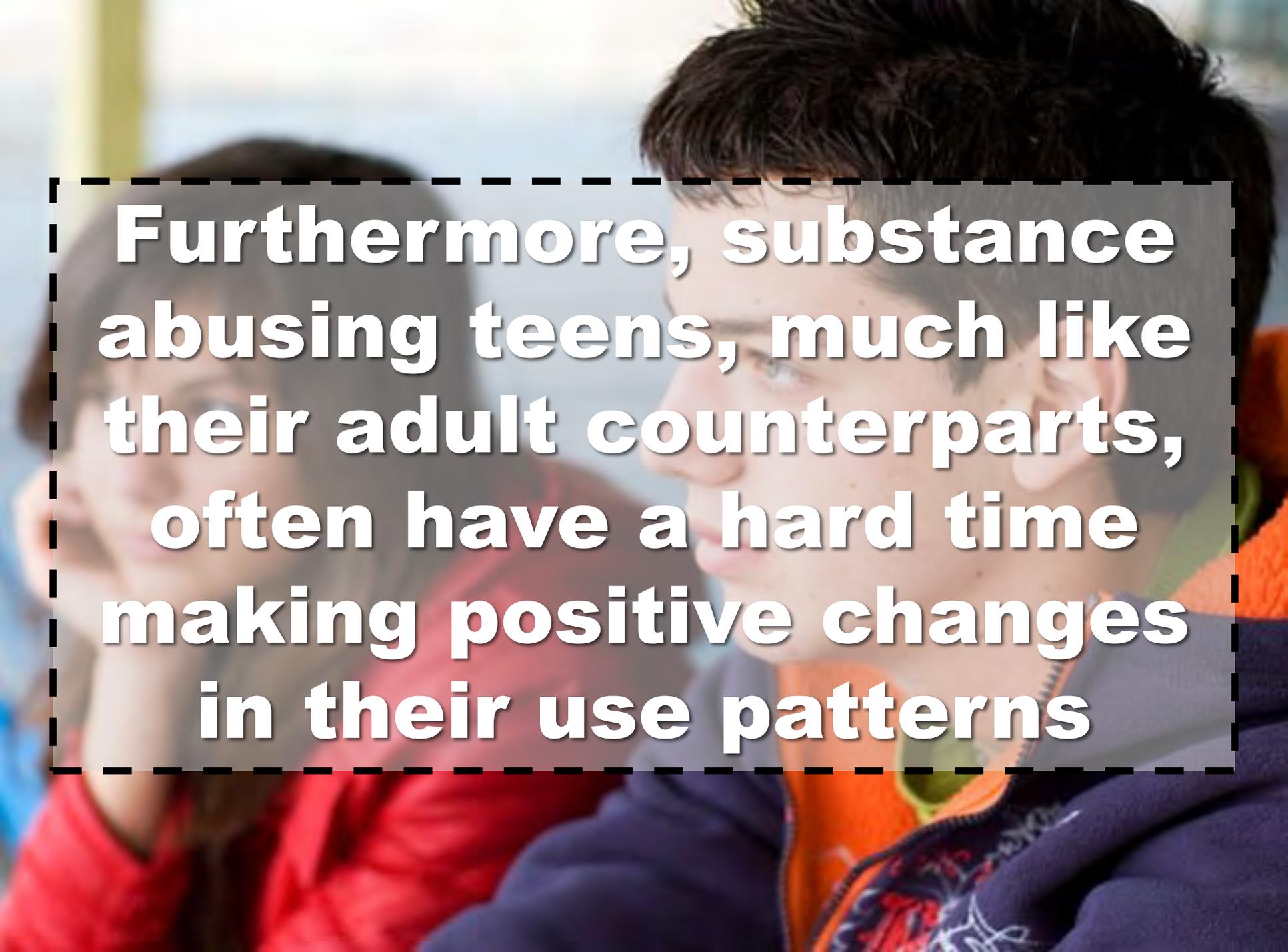
A photograph of a family of four walking away from the camera on a grassy field. The family consists of a woman on the left, a young boy in the center, a young girl on the right, and a man on the far right. The woman has her arm around the boy's shoulder, and the man has his arm around the girl's shoulder. They are all wearing light-colored clothing. The background is a lush green field with trees in the distance.

- ❖ Genetics
- ❖ Age of First Use
- ❖ Mental Health Issues
- ❖ Environment
- ❖ Other Factors

Most people who engage in harmful substance use do not fully recognize that they have a problem or that their life problems are related to their use of alcohol or drugs.

A young man and woman are shown in profile, looking towards each other. The man is in the foreground, wearing a dark blue jacket over an orange shirt. The woman is in the background, wearing a red jacket. The text is overlaid on a semi-transparent grey box with a dashed black border.

Most adolescents do not enter treatment voluntarily and are often apprehensive about the process.

A young man and woman are shown in profile, looking thoughtfully to the right. The man is in the foreground, wearing a dark blue jacket over an orange shirt. The woman is behind him, wearing a red jacket. The background is blurred, suggesting an indoor setting with large windows.

Furthermore, substance abusing teens, much like their adult counterparts, often have a hard time making positive changes in their use patterns

Understanding How People Change

Traditional

vs.

**Motivating for
change**

Understanding How People Change

Traditional:

- Change is motivated by discomfort.
- If you can make people feel bad enough, they will change.
- People have to hit bottom to be ready to change.
- Therefore, people don't change if they haven't suffered enough.

Understanding How People Change

Traditional:

- If the stick is big enough, there is no need for a carrot.
- If someone doesn't change they are in denial. The best way to break through denial is direct confrontation.

Understanding How People Change

Motivating for Change:

- People are ambivalent about change.
- Continue to use drugs because of their ambivalence.
- All change contains some element of ambivalence.
- Schools can increase teen motivation with consequences and expectations

**Why don't
people
change?**

Concept of Ambivalence

- Ambivalence is normal.
- Teens enter treatment with fluctuating and conflicting motivations.
- They want to change and don't want to change.

What Does Resistance Look Like?

- Arguing
- Challenging
- Ignoring
- Inattention
- Non-answering
- Sidetracking
- Discounting
- Hostility
- Lying
- Denying
- Disagreeing
- Blaming
- Excusing
- Rationalizing
- Minimizing
- Pessimism
- Reluctance
- Interrupting

Common Misconceptions about Teenagers, AOD Use, and Treatment

Myth: If a teen is not motivated for treatment, treatment will likely not work.

- Teen motivation is not a pre-requirement of effective services – it is a result.
- Wanting vs. Willing

(Baer & Peterson, 2002; O'Leary Tevyaw & Monti, 2004)



Strategies to get past no!:

Rolling with Resistance

*There is no way to make people like change.
You can only make them feel less threatened by it.*

- Frederick Hayes

HOW DO FAMILIES COPE



Family

“Addiction is a family disease that *stresses the family to the breaking point*, impacts the stability of the home, the family's unity, mental health, physical health, finances, and overall family dynamics.”



Common Mistakes

Minimizing the problem:

- All teens drink
- It's only marijuana
- They have anxiety or depression
- Not understanding the full scope of a teen's substance use OR not monitoring a potential concern can delay interventions that can prevent the problem from getting worse.

Common Mistakes

Denying the problem exists:

- Denial is a defense mechanism.
- Become susceptible to emotional manipulations
- Trust your gut – if it doesn't sound right or feel right, it probably isn't.



Common Mistakes

Not setting clear expectations:

- Even using substances once or twice can develop into problems with school, the law, their health and hinder good relationships.
- Adults have a difficult time in communicating clear expectations to teens about substance use.

Common Mistakes

Rescuing them from consequences:

- Consequences are a powerful motivator.
- Short term relief doesn't change long term solutions.
- People learn from their mistakes... Don't take away these lessons.

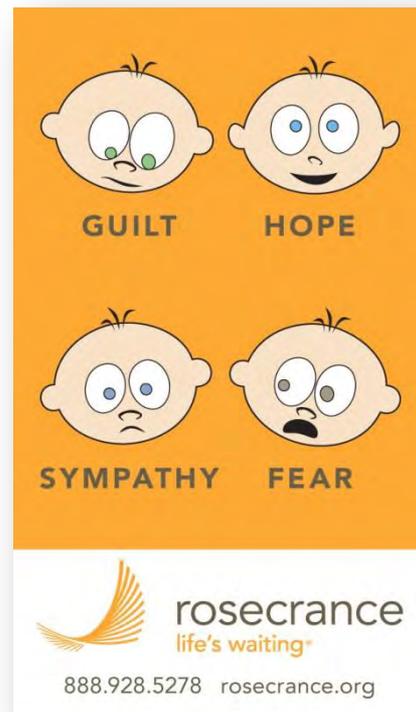
End Result: Enabling

- Allowing and even encouraging irresponsible and self-destructive behavior in another by shielding them from the consequences of their actions
- “Helping that hurts”
- Can be parents, spouses, friends, teachers, employers, or co-workers – anyone with an emotional connection



Let's talk about Emotional Enabling

- True recovery happens when:
 - The addict “does the uncomfortable things in life.”
 - Family members and others become aware of their part in the process.
 - Emotional hijacking of family members with these 4 Feelings.



Why don't families intervene sooner?

- The addict manipulates the family by hijacking the emotions
 - Guilt
 - Sympathy
 - Fear
 - Hope

Recovery (change) is uncomfortable, the addict wants easy.



Common Mistakes: Emotional Manipulation

Guilt: *“You’re too busy with your own life! You drink all the time! I hate you! You’re the reason I use!”*

- Guilt is a strong emotion for parents that prevents change – the feeling that “I am a bad parent” and “I am the reason for my child’s problems.” Co-dependency
- Parents become unwilling to “punish” their child for behaviors they feel responsible for.
- The substance use isn’t really their fault.

Common Mistakes: Emotional Manipulation

Hope: *“I promise I’ll never use again. I’ve learned my lesson.”*

- You want to believe this statement, and you hope the problem will go away on its own, but when left untreated, substance use issues tend to get worse.
- Parents are often desperate for hope.
- Understanding the process of addiction is the best antidote.

Common Mistakes: Emotional Manipulation

Fear: *“I’ll run away! You’ll never see me again!” or “I’ll throw a temper tantrum to get you to back off!”*

- You may be afraid of making things worse by addressing the substance use, but avoidance is not the answer.
- Failing to respond allows the problem to continue and sometimes get worse.

Common Mistakes: Emotional Manipulation

Sympathy: “ *My life sucks! I’m bored! I need drugs for my anxiety/depression/pain!*”

- Used to minimize or eliminate the concern and get others to back off.
- Other circumstances are not the fault of the individual and that the drugs are needed to alleviate physical or emotional pain.
- You may find yourself backing off, telling them you care for them and what a good person they are.

Intervention

How To Help

Positive change occurs in the **context of authentic relationships**—people need to know someone cares and will be there unconditionally for them. It is a transactional and facilitating process of supporting change and capacity building—**not fixing**.



Strategies to get past NO

- **Educate yourself about addiction**

What does addiction look like for teens? What's normal behavior and what's not?

- **Don't go it alone**

Involve key people and build support and opportunity for intervention with others.

- **An intervention is not a one time event**

“Getting past no!” is a process. Continue to monitor with concern.

Strategies to get past NO

- **Act quickly when the time is right!**
Use a crisis to expedite treatment or action.
- **“Think outside the box.”**
Remove barriers as they are presented.
- **Don’t underestimate the power of consequences and boundaries**
Fewer boundaries for teens today. Make the connection between behavior and consequences.
- **Limit teens access to drugs and alcohol**
Educate others about limiting teen’s access to alcohol, marijuana, RX drugs, and others.

Strategies to Get Past NO

- **Provide parental support**

Teens often have less parental involvement and supervision. Validate, be an ally with parents, connect parents with support like Rosecrance Parent Café, Al-Anon or Families Anonymous.

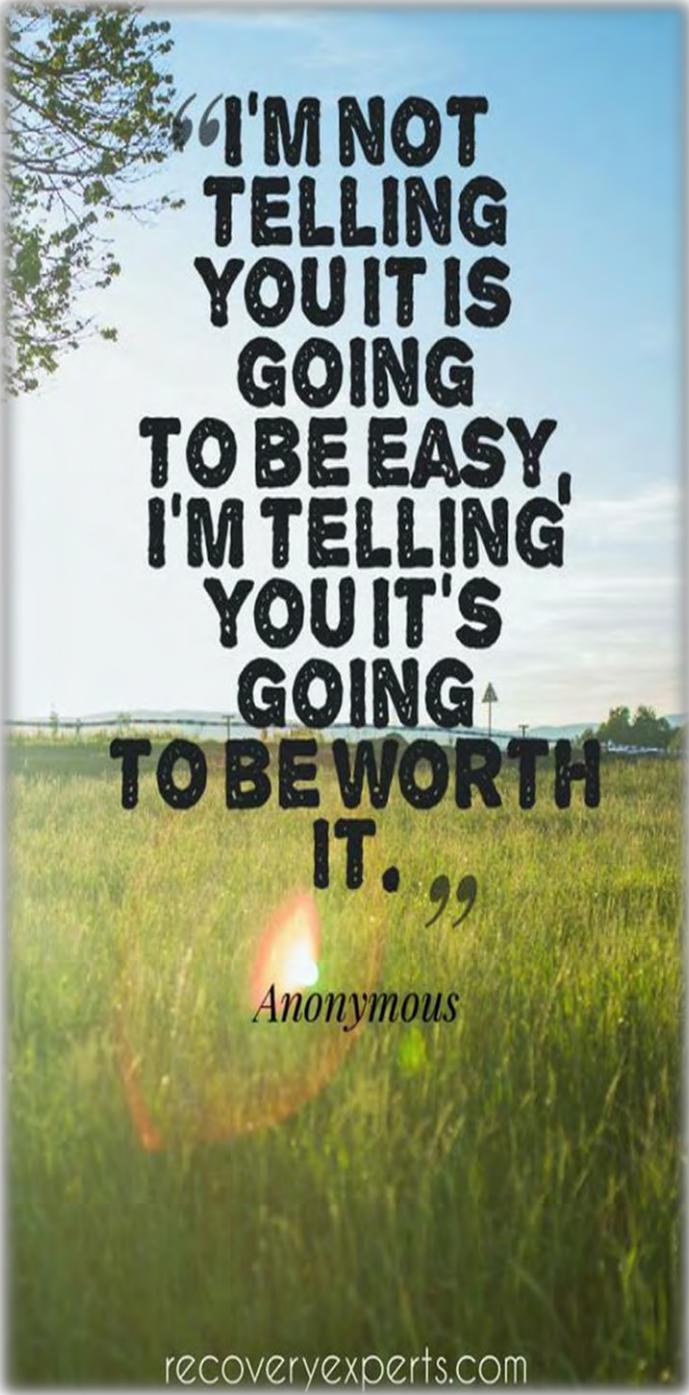
- **De-stigmatize the need for help for those with Substance Use Disorders**

- **Enlist help from Addiction Professionals**

Assessments and consultations are helpful tools.

- **Help is available and Recovery happens!**

Be aware that getting help might take time, energy and commitment.

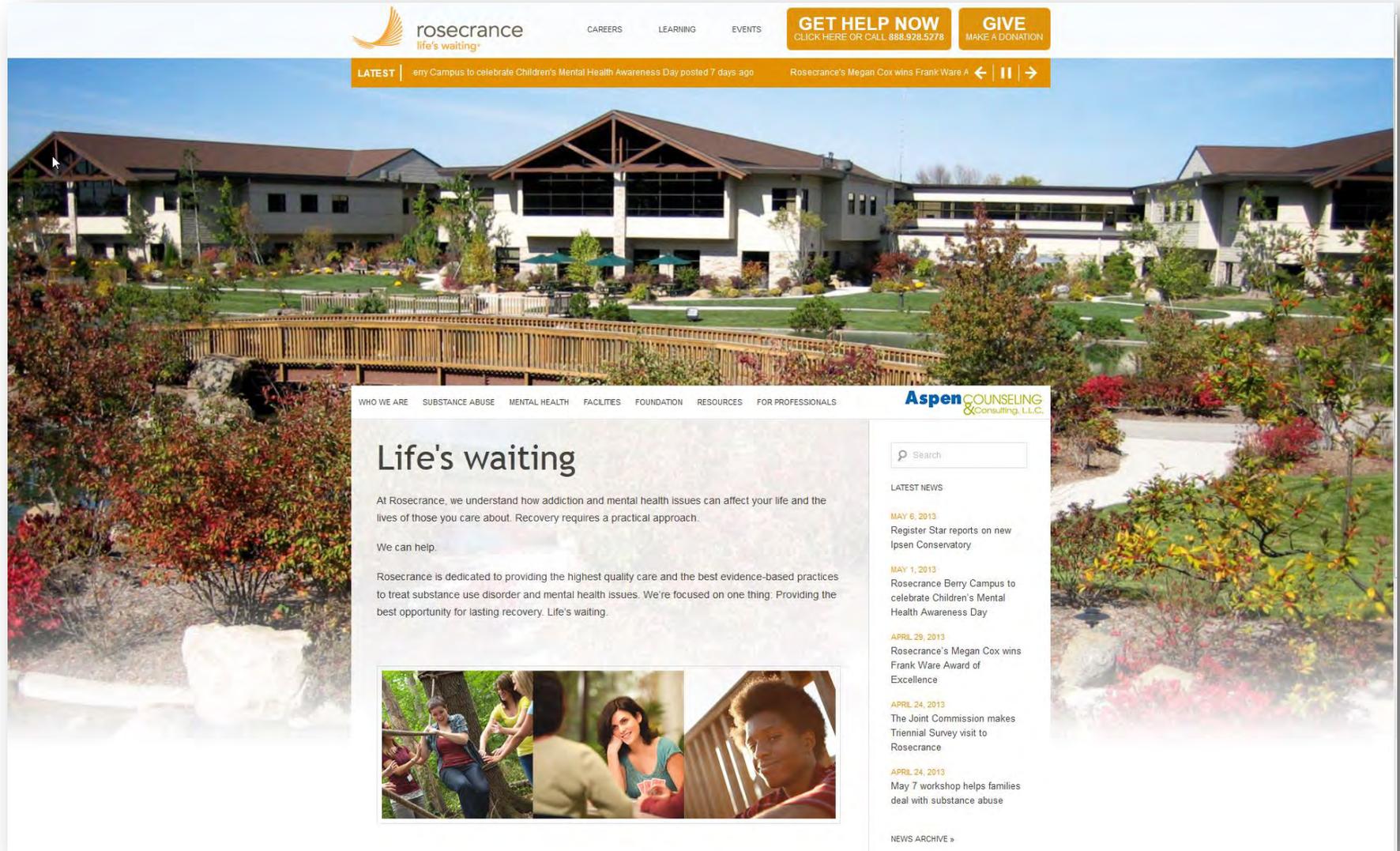


**“I'M NOT
TELLING
YOU IT IS
GOING
TO BE EASY,
I'M TELLING
YOU IT'S
GOING
TO BE WORTH
IT.”**

Anonymous

Visit our website

www.rosecrance.org



GET HELP NOW
CLICK HERE OR CALL 888.928.5278

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MAKE A DONATION

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life's waiting™

CAREERS LEARNING EVENTS

LATEST | Berry Campus to celebrate Children's Mental Health Awareness Day posted 7 days ago Rosecrance's Megan Cox wins Frank Ware A < || >

WHO WE ARE SUBSTANCE ABUSE MENTAL HEALTH FACILITIES FOUNDATION RESOURCES FOR PROFESSIONALS

Aspen COUNSELING & Consulting, L.L.C.

Life's waiting

At Rosecrance, we understand how addiction and mental health issues can affect your life and the lives of those you care about. Recovery requires a practical approach.

We can help.

Rosecrance is dedicated to providing the highest quality care and the best evidence-based practices to treat substance use disorder and mental health issues. We're focused on one thing: Providing the best opportunity for lasting recovery. Life's waiting.



LATEST NEWS

MAY 6, 2013
Register Star reports on new Ipsen Conservatory

MAY 1, 2013
Rosecrance Berry Campus to celebrate Children's Mental Health Awareness Day

APRIL 29, 2013
Rosecrance's Megan Cox wins Frank Ware Award of Excellence

APRIL 24, 2013
The Joint Commission makes Triennial Survey visit to Rosecrance

APRIL 24, 2013
May 7 workshop helps families deal with substance abuse

NEWS ARCHIVE »



Rosecrance Griffin Williamson Campus

1601 N. University Dr.
Rockford, IL 61107

Services offered:

- Free confidential drug and alcohol evaluations
- Residential substance abuse and primary mental health treatment for youth ages 12-20
 - Gender specific counseling
 - Experiential therapies including art, music, recreation, and horticulture
 - Family education and support
 - Transition planning
 - Alumni program
- Recovery homes for teens also offered in Rockford.

Rosecrance Healing Garden

at the Griffin Williamson Campus





Life's
Waiting





Lakeview

Adult Services:

- Free Assessments
- Individual/Family Counseling
- Intensive Outpatient Program
- Day Treatment
- Recovery Home



Naperville

Services:

- Free Assessments
- Early Intervention Services
- Urine drug screens offered at an additional cost
- Resources and trainings for parents, professionals and community members



Frankfort



La Grange

Teen & Adult Services:

- Free Assessments
- Early Intervention Services
- Intensive Outpatient Program
- Urine drug screens offered at an additional cost
- Resources and trainings for parents, professionals and community members



Northbrook



Oak Park

Questions





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life's waiting

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