



# Understanding Adolescent Addiction



rosecrance<sup>®</sup>

# Introductions

- Name
- Agency/school
- Something you want to learn today
- Optional tour at lunch or end of day





# Agenda

By the end of this training  
you will know more about ...

- Changing behavioral health landscape
- Adolescent development
- Adolescent trends
- Common drugs of use
- Progression of addiction
- Components of teen addiction



# Agenda

By the end of this training  
you will know more about ...

- Family dynamics
- How can I help?
- Teen resistance
- Working with parents
- Recovery story
- Rosecrance services



**Common pressures of teen years**

# Behavioral health landscape

- Education
- Substance potency
- Accessibility—medicine cabinets, schools, drug-using peers
- Attitudes
- Stigma





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

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



**Adolescent development**

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

# Adolescent development

- Physical changes:
  - Changes in hormones
  - Increases in height and weight
- Mental changes:
  - Developing more abstract thinking skills
  - Using more logic and reason in decision making
  - Forming own beliefs
  - Questioning authority
  - Heightened focus on physical concerns



# Adolescent development

- Emotional changes:
  - Shifts mood quickly
  - Feels more intensely
  - Increases in risk-taking and impulsive behavior
- Social changes:
  - Experimentation with different levels of social and cultural identity
  - Increase in peer influence
  - Awareness of sexual identity
  - Learns to manage relationships



# Adolescent development

Typical Adolescence	Potential Warning Sign
Withdrawing from family to spend more time with friends	Withdrawing from friends, family, and social activity
Wanting more privacy	Becoming secretive; need for privacy seems to be hiding something
Moving from childhood likes to teen pursuits	Losing interest in favorite activities and not replacing with other pursuits

# Why would drugs interfere with adolescent development?



# How use affects development

- Still developing emotionally, mentally, and physically (teen brain)
- Peer pressure—teens have to fit in!



*Source: The Teen Years, A Road Map for Parents,  
National Youth Anti-Drug Media Campaign*

# How use affects development

- In developing their identities, more apt to take risks
- Impulsivity: judgment is still immature, teens might not think before they act



# Teens in high school: Where are they?

## Erik Erikson Stages of Psychosocial Development Stage 5: Adolescence (ages 12-18)

- **Crisis:** Identity vs. role confusion
- **Questions:** “Who am I?” “What will I do with my life?”
- **Big Concern:**
  - How others perceive me
  - Peer relationships are critical
  - Separation and individuation



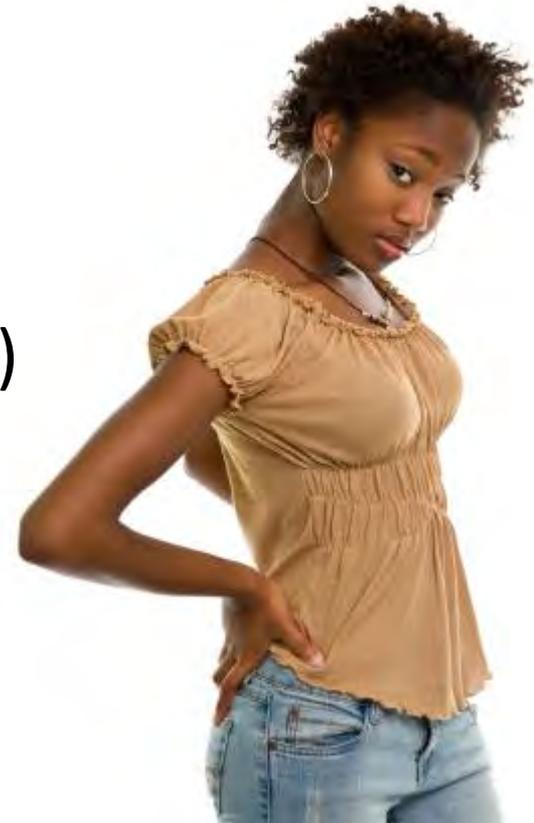
# How psycho-social changes affect teens

- Conceal information about friends and whereabouts
- Become argumentative
- Don't want to be seen with parents in public
- Start to interact with parents as people



# What interferes with adolescent development

- Parents never say *no*
- No clear boundaries that separate parents and teens—too enmeshed
- Parents don't allow natural consequences (enabling)
- Not expecting responsibilities



# Boundaries, boundaries, boundaries



<https://www.youtube.com/watch?v=tO07InCjLs>



**Factors that affect trends**

# Factors that affect/change drug use trends

- Availability
- Perception of harm
- Cost
- Legalization



# Availability

- The more readily available a drug is the higher the risk it will be used



# Perception of harm

- Will this drug cause me harm?
- What are the perceived consequences of using a particular drug?



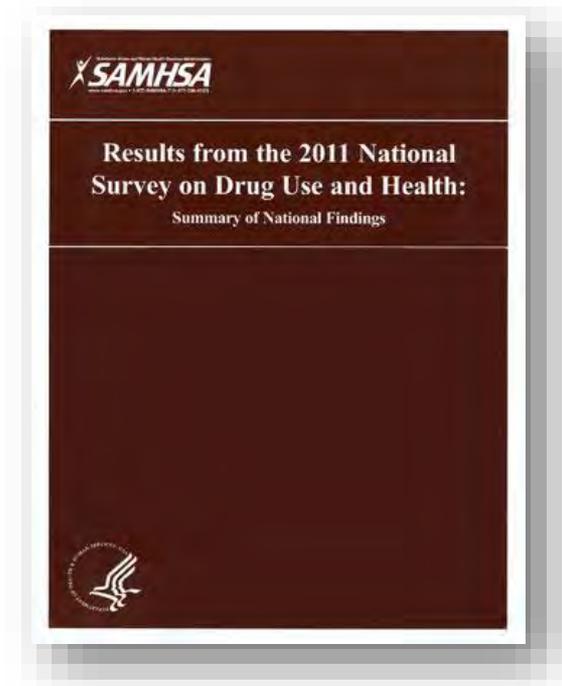
# Cost

- Generally the lower the cost of a drug or the production of the drug the higher the trend to use
  - Stolen prescription medication
  - Alcohol
  - Inhalants
  - Marijuana
  - Heroin



# Reputable resources

- Centers for Disease Control and Prevention
- Monitoring the Future Study
- Illinois Youth Survey
- Youth Risk Behavior Survey
- National Survey on Drug Use & Health
- Join Together Online



# Sobering facts

## In 2018:

- 6% of high school seniors are daily marijuana smokers, one in 17 students.
- 14% of seniors and 9% of sophomores drank five or more drinks in the past two weeks.

*Source: University of Michigan, Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings 2018*



# Sobering facts

- 60% of high school students have said that drugs are used, kept, or sold on their school's grounds.
- 26% of teens surveyed say that alcohol, drugs, and tobacco are the most important issue teens face.



*Source: National Survey of American Attitudes on Substance Abuse  
XVII: Teens, 2014*

# Sobering facts

- People who drink before the age 14 are up to eight times more likely to develop alcoholism than those who start drinking after age 21.

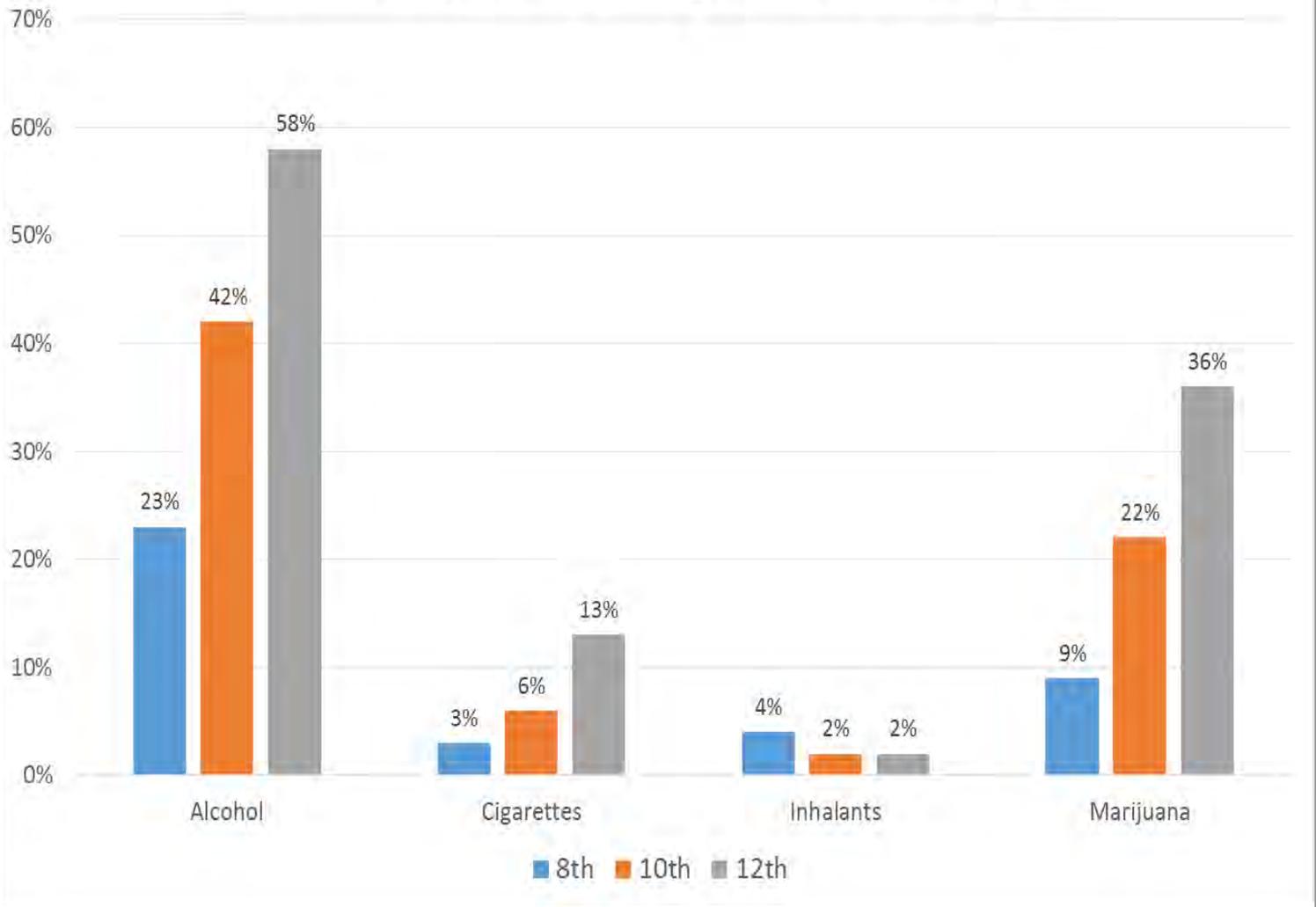


*Source: Substance Abuse and Mental Health Services Administration, Results from the 2014 National Survey on Drug Use and Health: Summary of National Findings.*

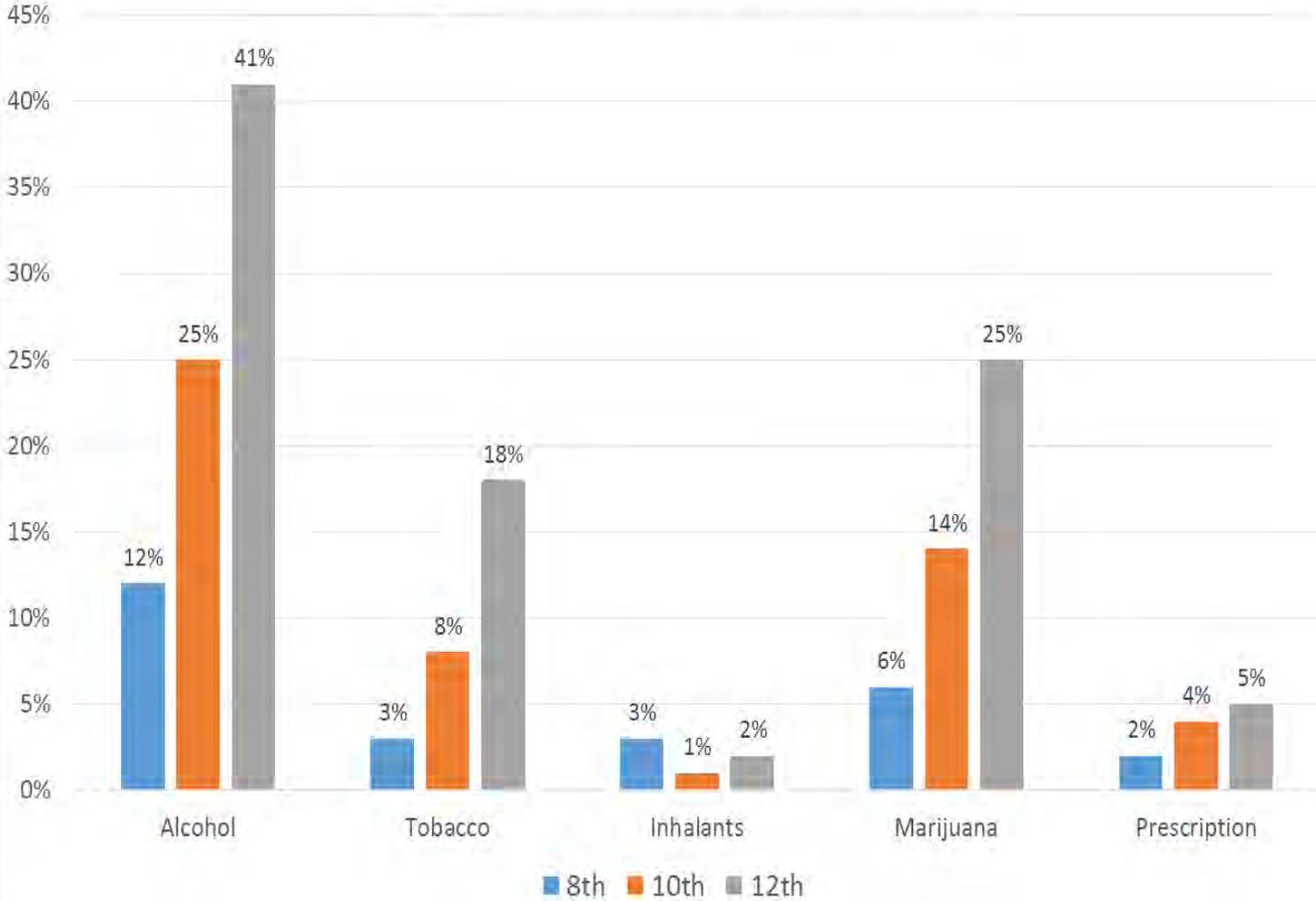
# Drug Use Percentages

Illinois Youth Survey 2016

## Commonly used drugs in the last year



# Drug use in the last 30 days

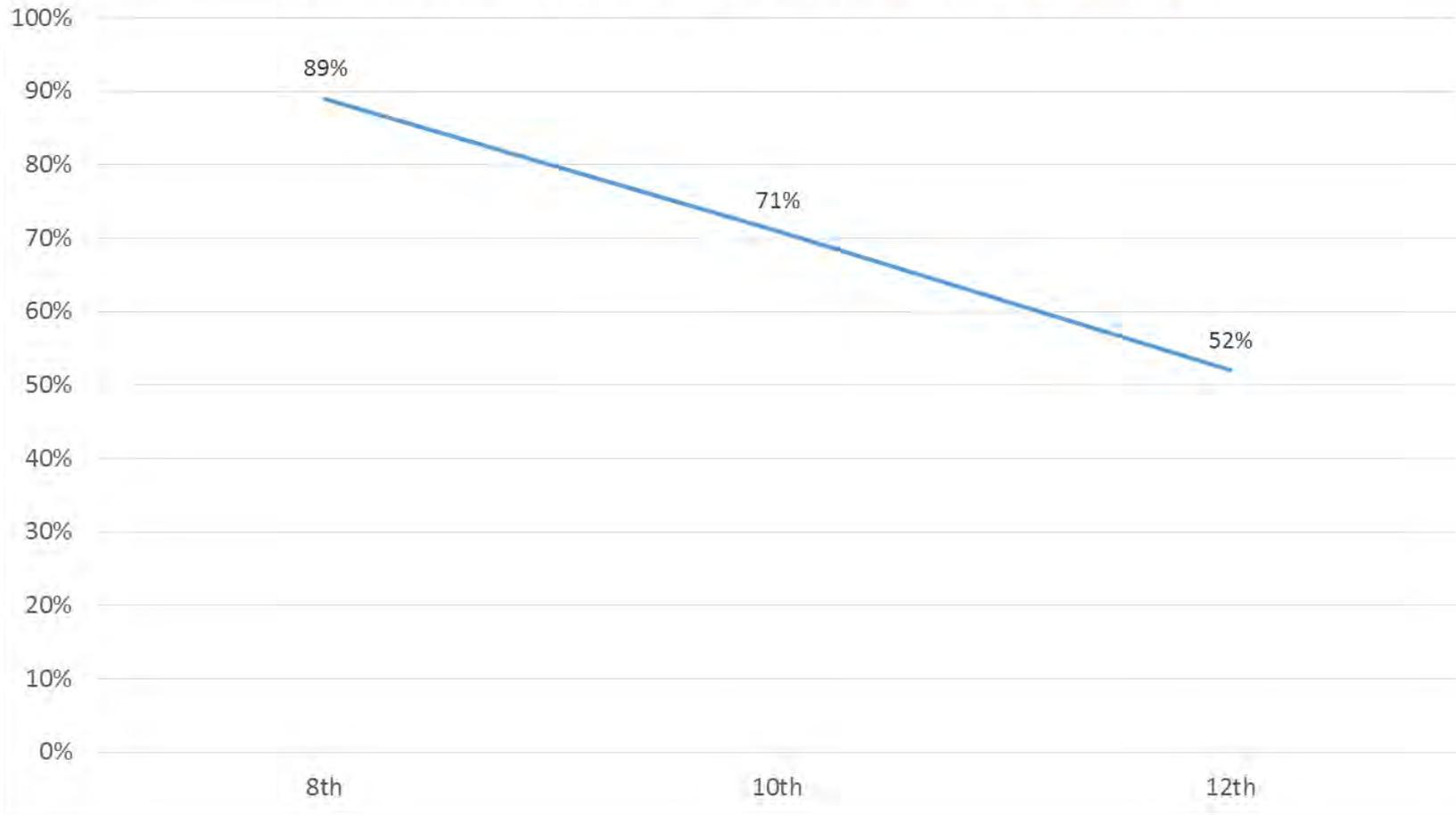


# Change in Attitude

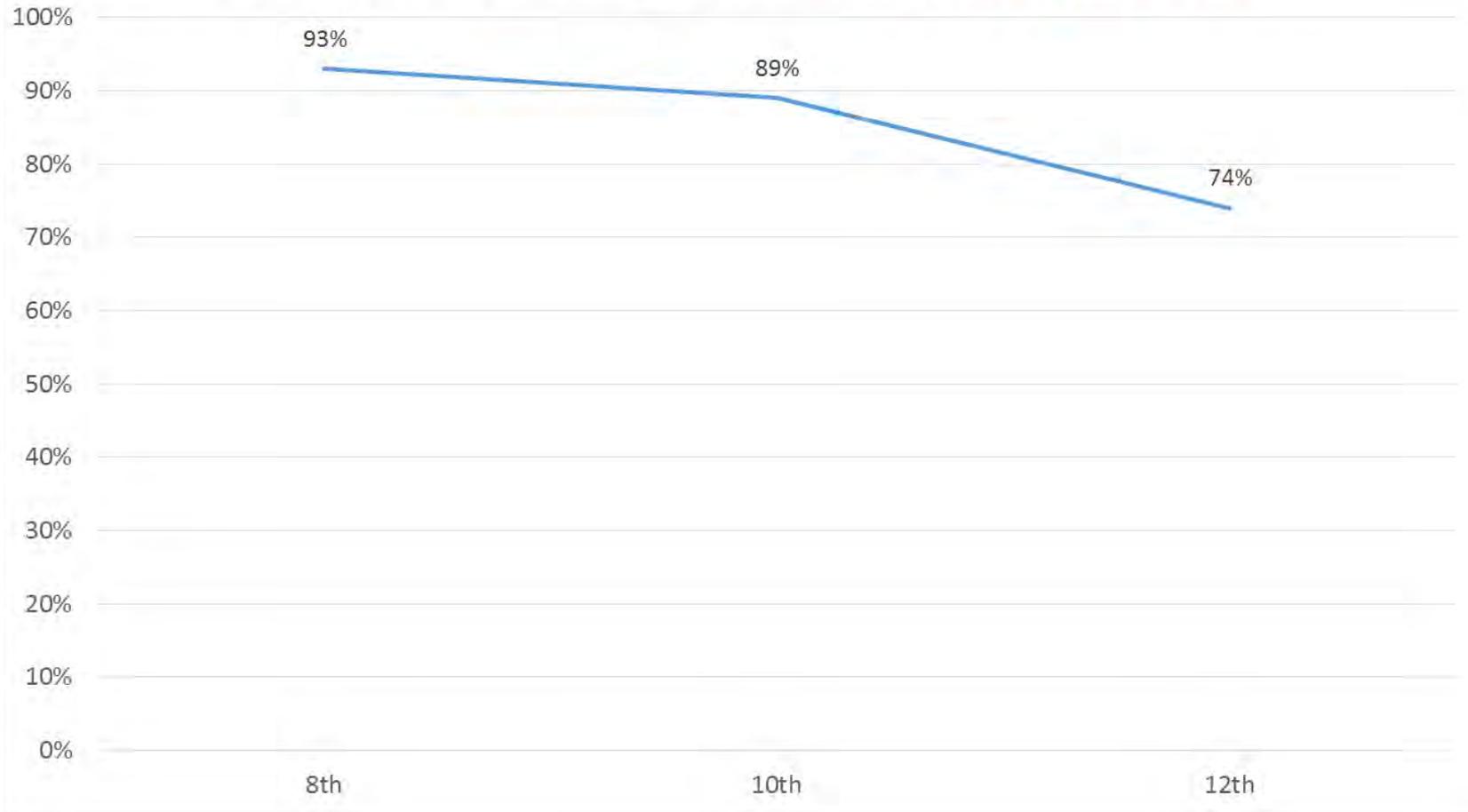
From 8<sup>th</sup> to 12<sup>th</sup> Grade

Illinois Youth Survey 2016

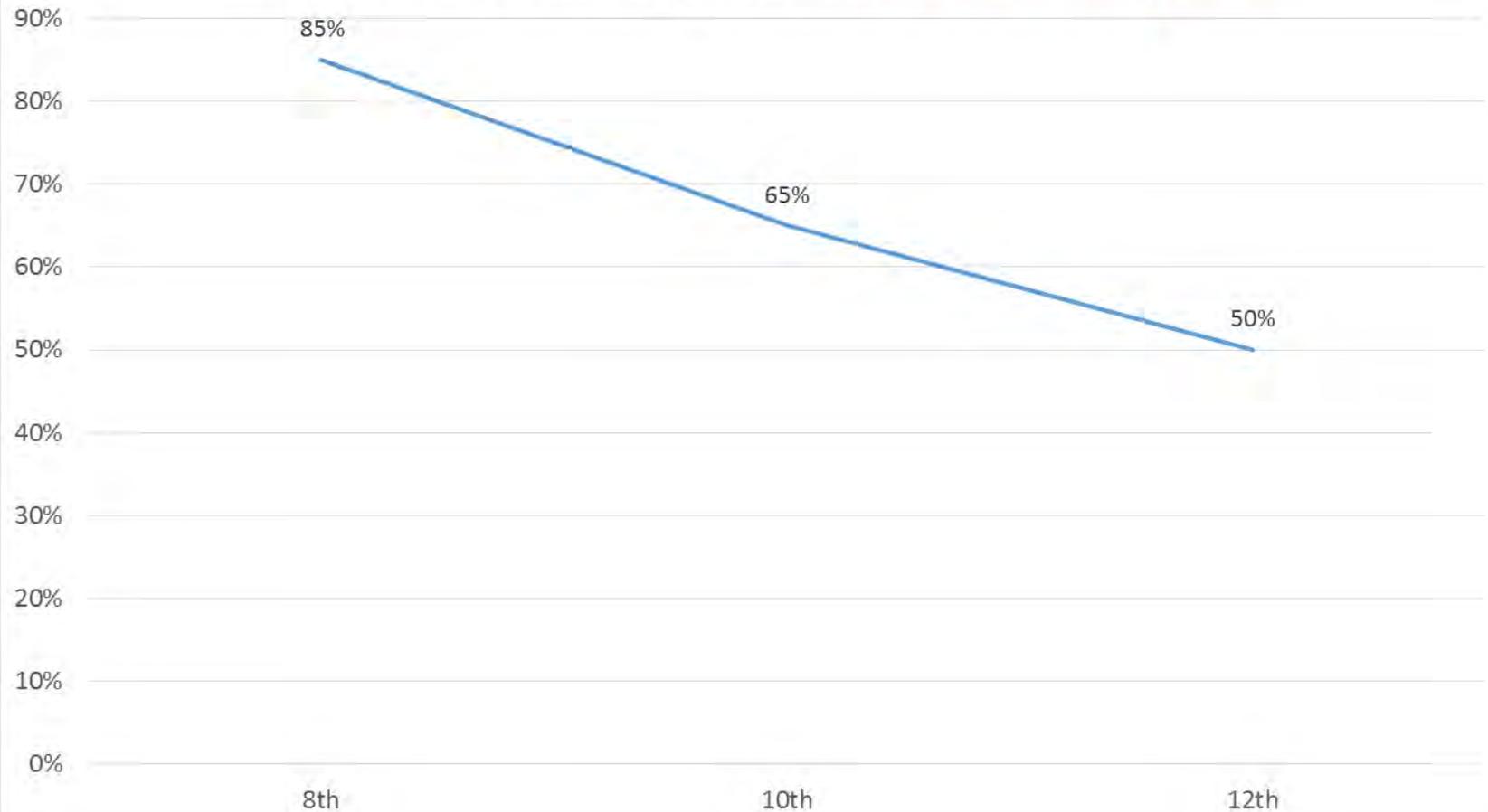
# Consider it wrong or very wrong for someone their age to...**drink alcohol**



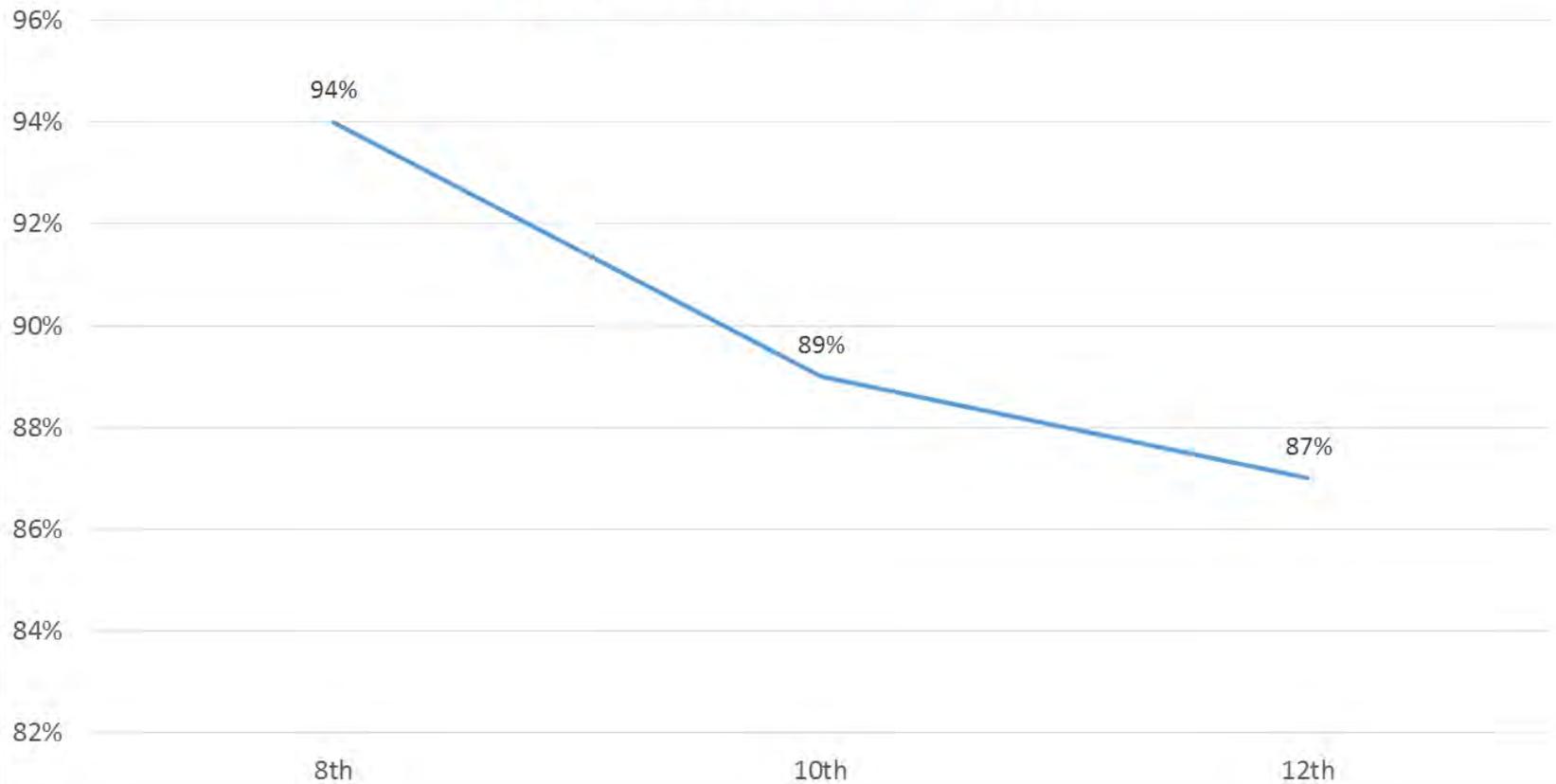
# Consider it wrong or very wrong for someone their age to...**smoke cigarettes**



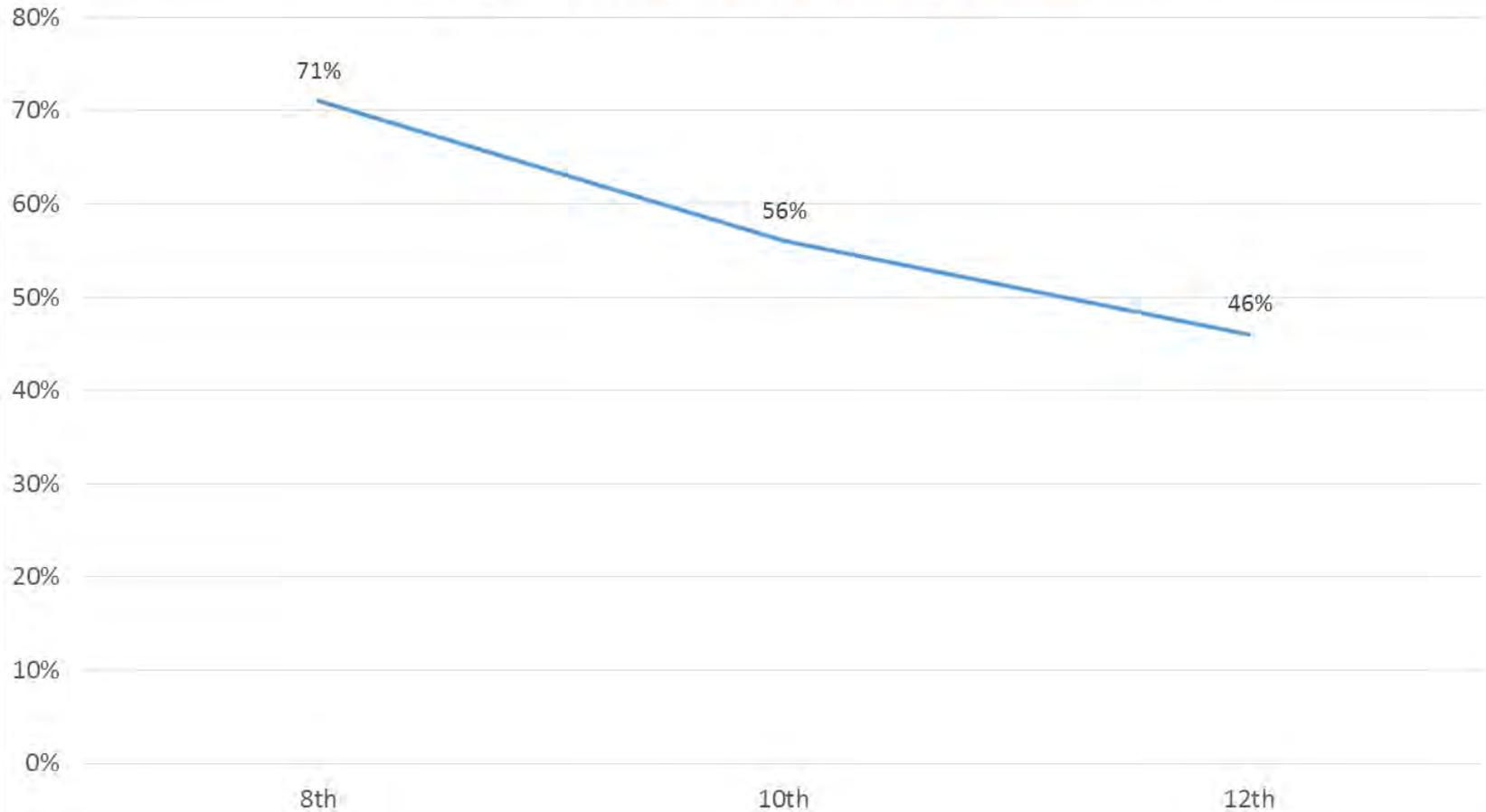
## Consider it wrong or very wrong for someone their age to...**smoke marijuana**



## Consider it wrong or very wrong for someone their age to...**use Rx drugs not prescribed to them**



## Moderate to great risk for someone their age to...**smoke marijuana**





**Common drugs of teen use**

# Vaping



# Monitoring the Future

- The University of Michigan has an ongoing research project called Monitoring the Future that has followed adolescent substance abuse trends since 1975.
- The project anonymously surveys 8th, 10th, and 12th grade students across the nation including annual follow-up surveys for a number of years after graduation.
- Each year over 45,000 students from approximately 400 schools across the country are surveyed.

# What is this research telling us?

- Increase in teen vaping from 2017 to 2018 was the largest in the history of the study by double (43-year-old study)
- 12<sup>th</sup> graders vaping nicotine past 30 days **nearly doubled** (11% to 21%), 10<sup>th</sup> graders (8% to 16%), and for 8<sup>th</sup> graders (3.5% to 6%)
- Adding 1.3 million nicotine vapers from 2017-18 (9<sup>th</sup>-12<sup>th</sup> grade)

# What else is this research telling us?

- Marijuana vaping past 30 day use also increased significantly from 2017-18:
  - 12th grade (4.5% to 7.9%; 10<sup>th</sup> grade (4.3% to 7%); and 8<sup>th</sup> grade (1.6% to 2.6%)
  - Cigarette use among 8<sup>th</sup> and 10<sup>th</sup> grades did not decline (had been for two decades)
  - Binge drinking and prescription opioid use actually declined (especially for 12<sup>th</sup> graders)

# Vaping statistics

E-Cigarette/Vaping	2016	2018
Students (all 10 <sup>th</sup> , 12 <sup>th</sup> graders surveyed) who have used nicotine e-cigarette/vaping product in the past 30 days.	12%	26%
Students who have used vaping product in the past year.	-	29%
Students who used e-cigarette for the first time ever in the past year.	13%	24%

*Source: Illinois Youth Survey 2018 (suburban)*

# What is vaping?

**Term used to describe when a substance is heated to the point of releasing vapor (vaporizing) but not combusted (lit on fire)**

- Inhaling and exhaling the aerosol, often referred to as vapor, which is produced by an e-cigarette or similar device
- Increasing in popularity as a way to ingest nicotine and cannabis
- Usually relatively odorless, and difficult to distinguish between nicotine and cannabis vape



# Vaping/E-cigarettes

- FDA ruled that vape manufacturers must register ingredients by 2019.
- Harvard study (51 vaping devices)  
75% contained dangerous  
flavoring chemicals.



# What's in E-cigarettes/E-juice?

- The FDA has not evaluated any of the e-liquids currently on the market and does not regulate these products. FDA requires vape manufacturers to reveal ingredients in e-liquids, but not the harmful carcinogens in the heated vapor.
  - Ingredients in e-liquid (e-juice): nicotine, flavoring, humectant (propylene glycol or vegetable glycerin)
  - Once heated: formaldehyde, acetaldehyde, acrolein, particulates, and toxic metals



# Common chemicals in vapes (42)

Acetaldehyde (paint stripper)	Formaldehyde
Acetone	Isoprene (rubber)
Acrolein	Lead
Benzene (pest and gas)	Nickel
Cadmium (car batteries)	Proponal
Chromium	Propylene Glycol (deicing)
Diacetyl (popcorn lung)	Tin
Diethylene Glycol (a-freeze)	Toluene (poison industrial solvent)



# Vaping and the teen brain

- Rapid brain growth in key parts of the brain continues into the 20s
- Nicotine and marijuana use in adolescence interferes with natural brain development in some key areas
- Drugs impairs development of the prefrontal cortex (area responsible for decision making, judgment, and planning)



# The adolescent brain

## Adult Vs. Teen Brain



- Most of the activity in the adult brain is in the frontal lobe
  - Thinking, reasoning, planning
- Most of the activity in the teen brain is focused in the center
  - Pleasure reward center

# Teen brain



# Teen brain



# Types of vaping devices

- JUUL
- Suorin (Air/Drop)
- Phix
- Pen style, pod, and box mods



# Juul (pronounced jewel)

**Specific vaping product from Pax Labs similar to an e-cigarette used to ingest nicotine (\$50)**

- Liquid contains nicotine salts extracted from the tobacco leaf (2 times nicotine of previous e-cigs)
- Variety of flavors:
  - Cool mint
  - Mango
  - Crème brule



# Suorin Air/Drop

**Another common vaping product from Goldreams Technology in China (\$20-\$35)**

- Comes with refillable nicotine cartridge
- Size of a credit card
- Looks like battery
- E-liquids in flavors



# Phix

## Another common vaping product from ECS Global (\$35)

- Slightly stronger battery than Juul
- Flavors:
  - Strawberry
  - Spearmint
  - Mango
  - Butterscotch



# E-juice and pods

- Currently 7,700 flavors of e-juice available
  - A bottle of e-juice contains enough nicotine to kill an adult
- Pods come in many flavors as well
  - Each pod is the equivalent of a pack of cigarettes



# Vaping alcohol

- Alcohol is heated and then vapor is inhaled
- Effects more potent
- Risk for overdose
- Bypasses liver



# Cannabinoids



# Dabs

**Dabs is a highly concentrated butane hash oil (BHO) created in a process where high quality cannabis is blasted with butane and extracted or used in a Dab Pen**

- A type of marijuana extract that is vaporized to get high (heated and inhaled)
- Contains 70-90% THC compared to 5-15% THC in regular cannabis
- Wax, oil, shatter/glass, crumble, budder



# Vaping pot is more powerful than smoking it

- At the same level of THC, vaping leads to higher blood concentrations of the chemical than smoking, as well as higher levels of impairment. Smoking pot combusts some of the product.
- Aerosol of superfine chemicals sent to lungs and brain.
- Vaping pot can cause hallucinations, vomiting and paranoia.
- Adolescents are more likely to vape marijuana than smoke it.



# Edibles

- Increasingly popular alternative to smoking marijuana
- Produced to infuse marijuana into various ingestible forms
- Problem is that effects are hard to predict and difficult to know dose
- “Couch lock” or “couching”



# Cannabinoids

## How high?

- ‘High’ lasts two to three hours, up to six hours in some studies
- THC percentage higher
- Impairment can last up to 24 hours
- Effect on driving—delayed reaction (DUI drug)



# Other terms for cannabis

- Bud
- Dank
- Nug
- Loud
- Fire
- Gas
- “Let’s Match”



# Cannabinoids

## Effects

- Increased heart rate
- Bloodshot eyes
- Dry mouth
- Increased appetite
- Brain changes causing developmental delays
- Short-term memory loss
- Paranoia
- Aggression
- Psychosis
- Mood changes



# Cannabinoids

## Effects

- Impaired coordination
- Impaired judgment
- Chronic cough
- Lung damage
- Increased risk of heart disease and cancer
- Impaired motor skills
- Chronic cough

Cannabinoids have stimulant, depressant, and hallucinogen symptoms. Symptoms vary by person, its potency, or being cut with other substances.



# Marijuana science

## Is marijuana addicting?

- One in 10 users will become addicted.
- If use begins in adolescence, one in six become addicted.



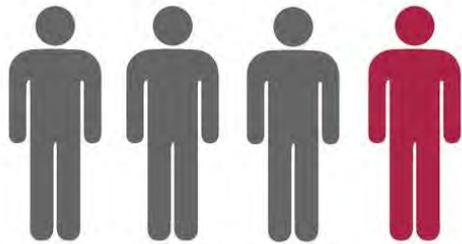
# Teens and marijuana: Dr. Wright



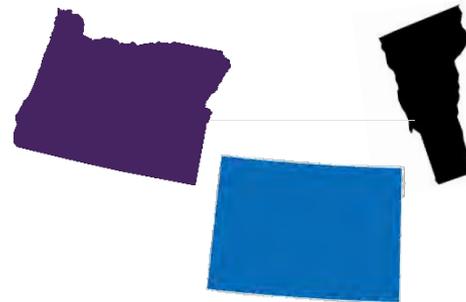
<https://www.youtube.com/watch?v=tOBOLIPk0nk>



# Effect of marijuana legalization on youth



**1/4** One out of four U.S. high school seniors **would try marijuana or use it more often if it was legal.**



**10%** Past year use of marijuana among those ages 12 and older is **10% greater in these states that have legalized recreational use compared to states that have not.**



**34%** Colorado saw an average 34% increase in regional poison control cases per year, **with most pediatric exposures involving an edible product.**

# Marijuana can negatively impact the brain

## **Mental health issues**

- Direct associations have been made between the use of marijuana and mental health issues like depression, anxiety, and addiction.
- People who have taken large doses or used marijuana with high THC content may experience psychosis. Psychosis can affect the mind and make it hard for a person to understand what's real and what isn't.

# Alcohol



In 2014, 45% percent of Illinois seniors reported having attended or hosted a party at which alcohol was served with parent's knowledge or consent.

Illinois Youth Survey, 2014

# Alcohol

## Slang names

- Booze
- Juice
- Spirits
- Brew
- Sauce

## Route of admission

- Taken orally

## Class

- Depressant



# Alcohol

## Effects

- Impaired coordination
- Impaired motor skills
- Impaired judgment
- Memory loss
- Blackouts
- Mood change
- Slurred speech
- Ulcers
- Pancreatitis
- Cirrhosis of the liver
- Respiratory depression
- Irreversible brain damage
- Death



# Prescription drugs

More teens abuse prescription drugs than any illicit drug except marijuana.



# Prescription opiates

## Common types

- Vicodin
- OxyContin
- Fentanyl
- Percocet
- Tylenol with codeine

## Routes of admission

- Injected
- Taken orally
- Snorted
- Smoked



# Prescription opiates

## Effects

- Sedation
- Reduction of pain
- Respiratory depression
- Confusion
- Decreased motor skills
- Decreased judgment



# Prescription depressants

## Common type

- Benzodiazepines
  - Klonopin
  - Valium
  - Xanax
- Barbiturates
  - Seconal
  - Phenobarbital

## Routes of admission

- Taken orally
- Snorted
- Injected



# Bars (Ladders)

**Bars is another name for the rectangular shaped Xanax (anti-anxiety medication) with three lines in them (typically 2mg per 'bar').**

- Abuse among youth is increasing.
- The term “barred out” means being highly sedated due to Xanax consumption.
- Slang – Bars and Pins



# Prescription stimulants

## Common types

- Ritalin
- Dexedrine
- Adderall
- Concerta

## Routes of admission

- Taken orally
- Snorted
- Smoked
- Injected



# Prescription stimulants

## Effects

- Irregular heart beat
- High body temperature
- Irritability
- Reduced appetite
- Rapid breathing
- Excessive talking



# Heroin



Heroin overdose is a particular risk because the amount and purity of the drug cannot be accurately known and it is the most physiologically addicting drug.

# Heroin

## Slang names

- Smack
- Horse
- Big H
- Black tar
- Brown sugar
- China white

## Routes of admission

- Snorted
- Injected
- Smoked

## Class

- Depressant, opioid



# Heroin

## Effects

- Constricted pupils and droopy eyelids
- Depression and apathy
- Drowsiness and inability to concentrate
- Decreased physical activity
- Constipation and nausea



# Heroin

## Effects

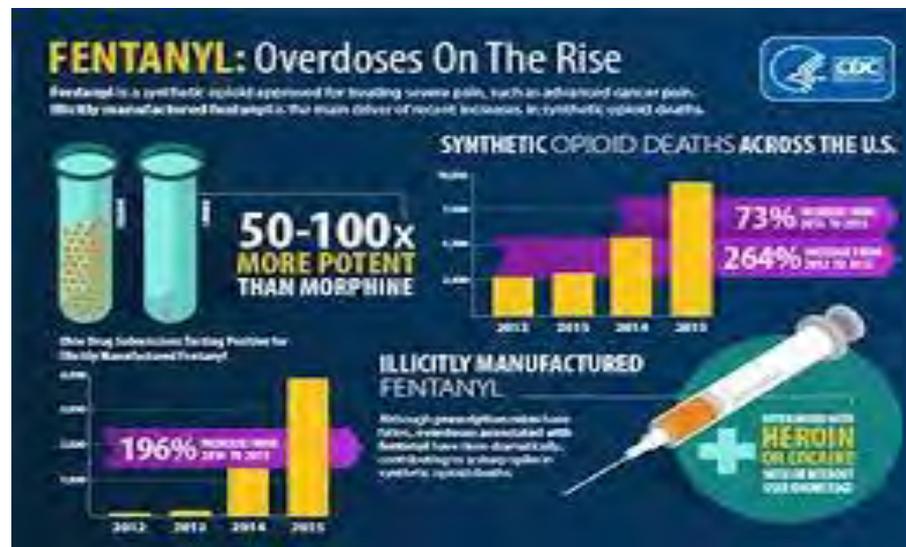
- Nod or appear sleepy
- Repeatedly scratch or touch face and nose
- Slow and shallow breathing
- Convulsions
- Death



# Heroin

## Current trends

- Heroin epidemic
- Dealers mixing with Fentanyl, 50-100 times more powerful than heroin/morphine, higher rate of overdose



The Heroin Epidemic has been declared a National Emergency in August 2017. Centers for Disease Control and Prevention reported that from 2014 to 2015 the drug overdose rate increased 19 percent for teens—more than doubling the rate since 1999. The most common culprit: heroin.

**Rosecrance admission with primary diagnosis of opioid (heroin) addiction over past three years: Averaging 12.3% for adolescents and 44.3% for adults**

# Kratom



Kratom (*Mitragyna speciosa*) is a plant that grows in Southeast Asia and parts of Africa. For centuries, farmers chewed the leaves of the plant to get an extra boost of energy while working in the fields. However, due to the harmful properties of the drug, it was banned in Thailand in 1979 and in Malaysia in 2003.

# Kratom

- Legal in the US
- Sold at head shops, convenience stores, and online
- Most people take kratom as a pill, capsule, or extract. Some people chew kratom leaves or brew the dried or powdered leaves as a tea. Sometimes the leaves are smoked or eaten in food



# Kratom

- Two compounds in kratom interact with opioid receptors in the brain producing sedation, pleasure, and decreased pain.
- One of the compounds can also interact with other receptor systems in the brain to produce stimulant effects.
- Health effects of kratom use include nausea, sweating, seizures, and psychotic symptoms.
- Kratom has potential for addiction.



# Crack & cocaine

Cocaine and alcohol is the most common two-drug combination that results in drug-related deaths.



# Crack and cocaine

## Slang names

- Crack
  - Freebase rocks
  - Rocks
- Cocaine
  - Coke
  - Snow
  - Blow

## Routes of admission

- Crack
  - Smoked
- Cocaine
  - Snorted
  - Injected

## Class

- Stimulant



# Crack and cocaine

## Effects

- Elevated blood pressure
- Bizarre and violent behavior
- Paranoia
- Tactile hallucinations
- Heart attacks
- Seizures
- Death



# Club drugs

Club drugs like GHB and Rohypnol are used in date rapes, because they are sedatives and can make one unconscious and immobile.



# Club drugs

## Common types

- MDMA/Ecstasy/Molly (stimulant)
- GHB/Grievous (depressant)
- Ketamine/Special K (dissociative)
- Rohyphnol/Roofies (benzodiazepine)
- LSD/Acid (hallucinogen)

## Class

- Varies



# Club drugs

## Effects\*

- Hallucinations
- Euphoria
- Unconsciousness
- Sleep problems
- Paranoia
- Amnesia
- Brain damage
- Heart and kidney failure
- Death



\*Different club drugs have different effects

# Inhalants



Defined as “liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good. The primary users of household inhalants are pre-teenagers and young teenagers because the products are readily available, cheap, and legal.

# Inhalants

## Household products

- Glues
- Paint thinners
- Lighter fluid
- Aerosols
- Whipping cream cans
- Duster

## Route of admission

- Bagging
- Huffing
- Sniffing



# Inhalants

## Effects

- Slurred speech
- Loss of inhibition
- Loss of motor skills
- Nausea
- Nose bleeds
- Bad breath
- Severe mood swings



Statistics found locally and nationally indicate that 8<sup>th</sup> grade students are more likely than 10<sup>th</sup> or 12<sup>th</sup> grade students to abuse inhalants.

Illinois Youth Survey 2014

# Dextromethorphan (DXM)

One out of 11 teens has abused cough medicine to get high. Often these teens are finding information about cough medicine abuse on the Internet.



# DXM

## Slang names

- Robo
- Dex
- Tussin
- Skittles
- Velvet
- Triple C

## Route of admission

- Taken orally
- Snorted (powered form)



# DXM

## Effects

- Euphoria
- Enhanced awareness
- Impaired judgment
- Dizziness
- Loss of coordination
- Nausea
- Seizures



# Clients served

Clients served at Rosecrance Griffin Williamson  
Campus in 2018: 825



# Clients served by drugs

Diagnosis Classification	Clients Served
Cannabis	480
Depressive disorders	103
Sedative, hypnotic or anxiolytic	83
Alcohol	69
Opioid	50
Stimulant	48
Bipolar and related disorders	37
Anxiety disorders	13
Hallucinogen	9
Others	11

# Hiding places for drugs

Hidden in clear view



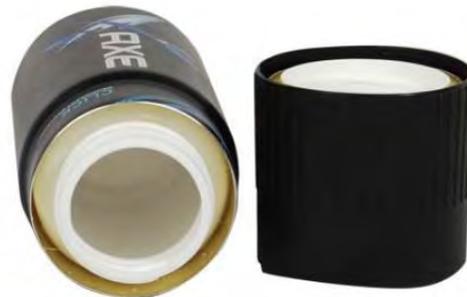
# Hiding places

- Writing utensils
- Personal hygiene items
- Cars
- Toilets and vents
- Altoid tins
- Posters
- Books
- Clothes



# Hiding places

- Soda cans
- Hair brush
- “Axe” bottle
- Candles
- Wall safe
- ChapStick



# Hiding places

- Bottle opener
- Surge protector
- Flip flops





**Progression of addiction**

# Experimentation & use (mild)

- Sneaks drinks/alcohol
- Uses alcohol, tobacco, and marijuana
- Seems fun and glamorous
- Experiences little or no consequences
- Changes in attitude



# Moderate substance use disorder

- Dishonest about use
- Avoids or get angry at reference to use
- Justifies or rationalizes use
- Increase in usage and tolerance
- Using before and after school
- Hides and protects ATOD



# Moderate SUD

- Uncomfortable without using
- Tries periods of abstinence
- Tries stronger more dangerous ATOD
- Many have memory blackouts
- Continued decline in life areas



# Severe substance use disorder

- Uses alone
- Participates in lengthy binges
- Quits or loses employment/school
- Uses with inferiors
- Loses family and friends
- Greater tolerance for ATOD



# Severe SUD

- Impaired thinking
- Runs out of alibis
- Uses despite legal, physical, social, and spiritual consequences



# Signs & symptoms

## Clinical factors – DSM V

1. Taking the substance in larger amounts or for longer than the you meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home, or school, because of substance use
6. Continuing to use, even when it causes problems in relationships

# Signs & symptoms

## Clinical factors- DSM V

7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts the you in danger
9. Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

# Signs & symptoms

## Clinical factors

- The DSM V allows clinicians to specify how severe the substance use disorder is, depending on how many symptoms are identified.
  - Two or three symptoms indicate a **mild** substance use disorder.
  - Four or five symptoms indicate a **moderate** substance use disorder.
  - Six or more symptoms indicate a **severe** substance use disorder.

# Signs & symptoms

## Those at moderate to high risk for substance abuse

- Use of substances during childhood or early teen years
- Substance use before or during school
- Peer involvement with substance use
- Alcohol use at age 16 (monthly), age 17 (twice monthly), and age 18 (weekly)
- Three to seven times a week use of marijuana



# Signs & symptoms

## Clinical factors

- Continued use despite adverse consequences
- Tolerance, pattern, ingestion
- Impaired emotional health
- Environment that influences drug use



## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

- Typically, a client needs to have impairment in at least three of the six dimensions to be considered for a residential level of care
- A clients also needs at least one 'severe' substance use disorder diagnosis

**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.**



# Components of the disease of alcoholism/addiction



# Addiction is a disease

- Progressive
- Chronic
- Potentially fatal
- Identifiable symptoms
- Life deterioration
- Unknown cause



# Risk factors for drug addiction

## Environment

- Chaotic home and abuse (trauma)
- Parent's use and attitudes
- Peer influences
- Community attitudes
- Poor school achievement
- Media (TV, music, internet)



# Risk factors for drug addiction

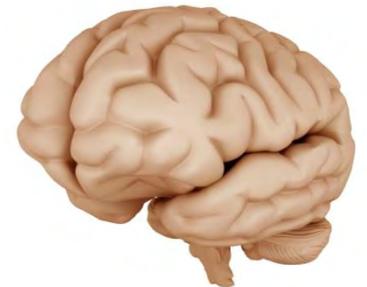
## Drug

- Route of administration (smoking & injecting)
- Effect of drug itself
- Early use
- Availability
- Cost

# Risk factors for drug addiction

## Biology/genes

- Genetics (D2 Gene inherited/specific form)
- Gender
- Mental health conditions



# Risk health as a risk factor

- Depression/major depressive disorder
- Anxiety disorders
- ADHD/ADD
- Bipolar
- Conduct disorders
- ODD

# Mental health trends

- Most common diagnoses at Rosecrance
  - ADHD, anxiety, depression
- Increased prevalence
- Treatment
- Trauma research
  - ACEs





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)



# Age of onset

One-half of all lifetime cases of mental illness begin by age 14;  $\frac{3}{4}$  by age 24.

- Anxiety disorders—age 11
- Eating disorders—age 15
- Substance use disorders—age 20
- Schizophrenia—age 23
- Bipolar—age 25
- Depression—age 32

# Age of onset

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**How do families cope**

# Common misconceptions about teenagers, families, and treatment

**Myth:** Mental health diagnoses in children and adolescents are due to bad parenting.

**Myth:** Parents have little or no influence on their teen's use of alcohol and drugs.



# Common misconceptions about teenagers, families, and treatment

**Myth:** Resistance is a common trait of adolescents with AOD problems in treatment settings.

**Myth:** Personal weakness or character defect is reason for mental health diagnosis.

*Source: O'Leary Tevyaw & Monti, 2004)*



# Common misconceptions about teenagers, families, and treatment

**Myth:** Only those with no potential, lack of achievement, or lower SES have difficulties.

**Myth:** Addiction and mental health symptoms are behavioral.



# Common misconceptions about teenagers, families, and treatment

**Myth:** My parents or I should be able to handle alcohol, drug, or mental health problems.

**Myth:** Therapy is a waste of time.

**Myth:** Addiction will destroy future success or our family.



# Roles of the family

- Empowering versus enabling
- Systemic disease
- Emotional impact
- Stages of change for the family
- Promotion of self-care



# Family

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



# Enabling

- Allowing and even encouraging irresponsible and self-destructive behavior in another by shielding them from the consequences of their actions
- Can be parents, spouses, friends, teachers, employers, or co-workers



# Role of the family: 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 can delay interventions that can prevent the problem from getting worse.

# Role of the family: 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
- Facts vs. feelings



# Role of the family: common mistakes

## Not setting clear expectations

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



# Role of the family: common mistakes

## Not following through with consequences

- Say what you mean and mean what you say.
- Establishing consequences for behavior is an important part of teen development.
- Without consequences, a teen will likely continue with their destructive behavior.



# Role of the family: 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.



# Role of the family: common mistakes

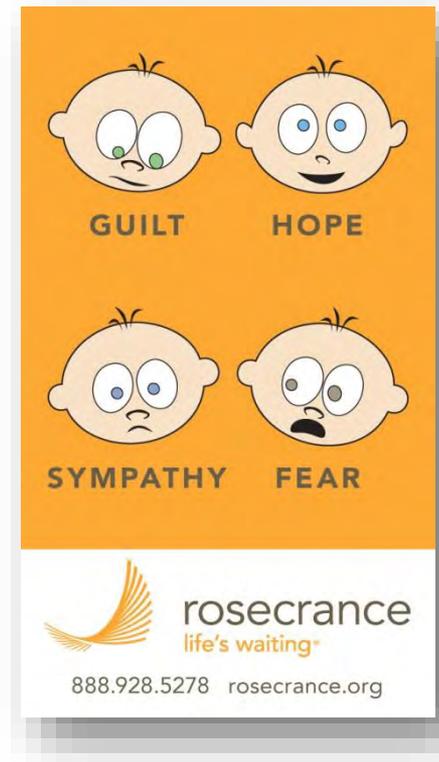


## Do as I say, not as I do

- Parents are the biggest influences in their teen's life.
- Allowing teens to use substances or providing them can be confusing and unhealthy.
- Just because they are being supervised, doesn't make substance use safer, and it sends a double message.

# Let's talk about emotional enabling

- True recovery happens when:
  - The addict “does the uncomfortable things in life.”
  - Family members become aware of their part in the process.
  - Emotional hijacking of family members with the four feelings listed to the right.



# 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.**



# Emotions manipulation

**Fear:** *“I’ll run away! You’ll never see me again.”*

- 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 gets worse.



# 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 problem.”
- Parents become unwilling to “punish” their child for behaviors they feel responsible for.
- The substance use isn’t really their fault.



# 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 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.

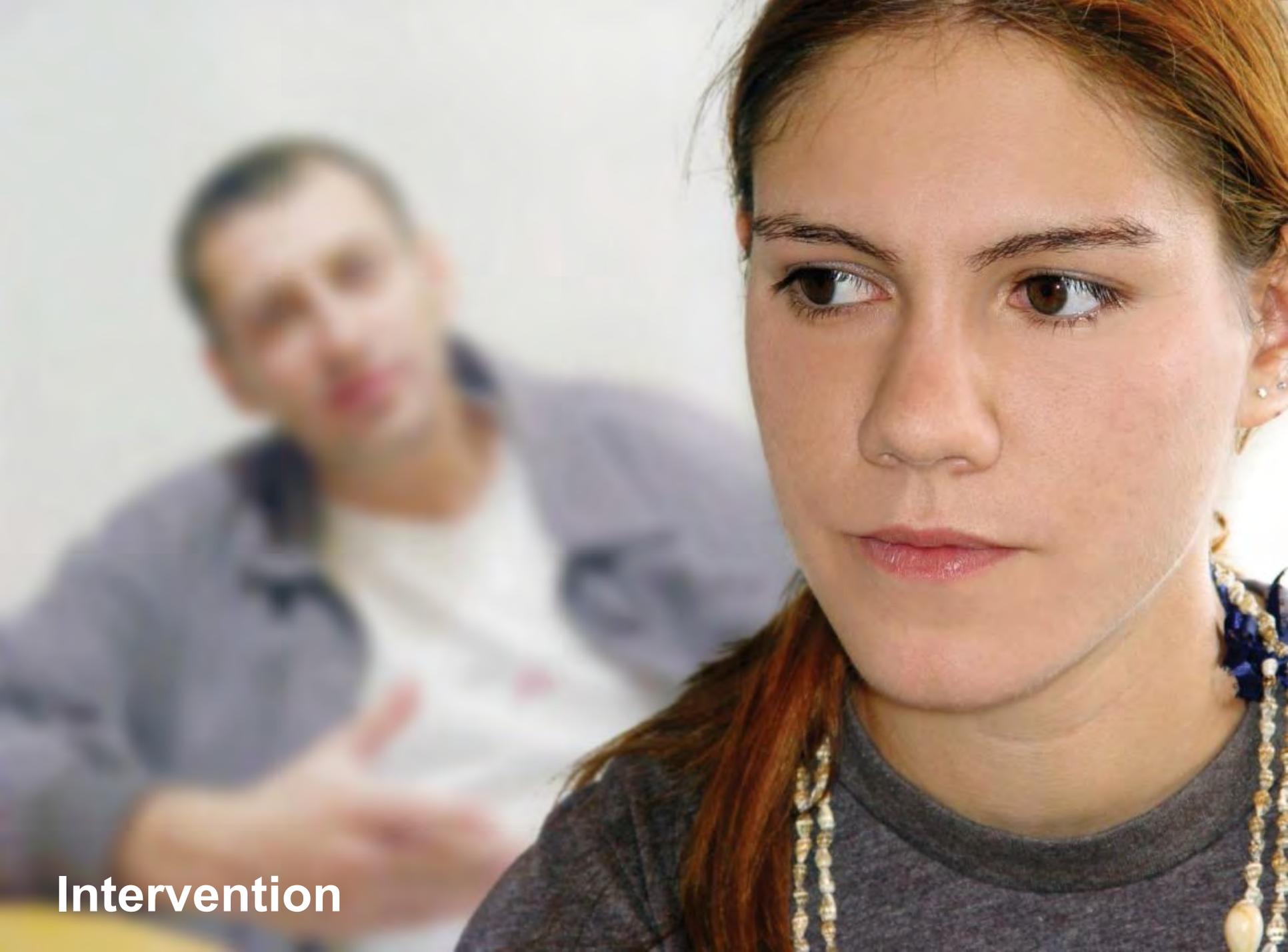


# Emotional manipulation

**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.
- Establishing and fostering hope in clients is an important strategy.





**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



### Initial contact

What can I do initially? What are some strategies to engage?  
What happens if they do not respond to initial referral?

A young boy with short brown hair, wearing a plaid shirt, is looking intently at a small blue object held in the hand of an adult. The background shows a kitchen with other people, including a woman in a pink shirt and another woman in a light blue shirt, who are slightly out of focus. The scene is brightly lit, suggesting a home environment.

Strategies to get past no

## **Recognize concrete/perceptual barriers**

Management and recognition of barriers can greatly make a difference in reduction of resistance

A photograph of two women sitting outdoors and talking. The woman on the left is younger with long brown hair, wearing a purple shirt. The woman on the right is older with short brown hair, wearing a blue shirt and a blue earring. They are in a natural setting with trees and a stone wall in the background. A yellow banner is at the top right, and a white banner is at the bottom left.

Strategies to get past no

## **Establish environment**

Comfortable, supportive, understanding, safe

A young Black man with short, dark hair, wearing a white t-shirt and a grey hoodie, is looking up and to the right. An older Black man with a shaved head, wearing a light-colored zip-up jacket, is looking down and to the left, appearing to be in conversation with the younger man. The background is a blurred green landscape with trees.

## Strategies to get past no

### **Be present, authentic**

Establish rapport and relationships, be genuine about what can be accomplished, reflect courage, and be thankful

### Ask open-ended questions

- Teens should talk more than we should
- Too many adults lecture (or share their experiences)
- Teens tune out when we dominate the conversation



# Affirm, acknowledge, validate

- Recognize strengths
- Give genuine feedback
- Reframe behaviors and concerns as evidence of positive qualities
- Recognize associated feeling and the related difficulties



## Empowering versus enabling

- Encourage practice of support instead of enabling behaviors
- Increase overall feeling of being powerful as opposed to powerless



# Rolling with resistance: What is it?

- Resistance is what happens when we expect or push for change when the client is not ready for that change.
- It is a conscious or unconscious defense against change.
- Clients who exhibit resistance are less likely to change.



# Rolling with resistance: Why does it occur?

- It's a normal and an expected product of the interaction.
- There are good reasons the client is not ready for change as we are asking them to change.
- The reasons may not be clear to us, but they do exist.
- Ignoring them gets us nowhere.

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



A photograph of a family sitting at a wooden table in a home office. A woman in a light green shirt is looking at a laptop screen. A man in a plaid shirt is also looking at the screen. A young boy in a green shirt is looking towards the woman. The background includes a wooden cabinet, a television, and a clock on the wall.

Strategies to get past no

## Establish goals/values

What has been identified as the goals for treatment with collaboration?

## Strategies to get past no

### Education

Information on services, treatment options, and referrals

# What you can do

- Educate yourself about behavioral health
- Know an intervention is not a one-time event
- Be a helper
- Remove barriers
- Expectations, consequences, barriers
- Restrict means/access
- Provide parent support/encourage self-care
- Know help is available!



# Specialized programming for teens with mental health disorders



**Lindsey Vass, LCSW, CADAC**  
**Clinical Outreach Manager**

C) 815-222-2946

F) 815-387-2590

[livass@Rosecrance.org](mailto:livass@Rosecrance.org)

## **Lindsey is available to:**

- Conduct an assessment
- Gather/review clinical documentation for admission
- Consult with treatment team to assess for motivation
- Collaborate with client and family to provide insight into programs
- Work as a liaison to financial accounts
- Facilitate admission

# Rosecrance Griffin Williamson Campus



## Rosecrance Griffin Williamson Campus

1601 University Drive  
Rockford, IL 61107

### Services provided (ages 12-20):

- Free confidential drug and alcohol evaluations
- Partial hospitalization
- Residential substance abuse treatment
  - 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.

# Specialized programming for teens with mental health disorders



## Rosecrance Griffin Williamson Campus

1601 University Drive  
Rockford, IL 61107

We have expanded our program to include treatment for the following challenges facing teens as a **primary diagnosis**:

- Mood disorder
- Bi-polar disorder
- Major depression
- Anxiety disorder
- Post Traumatic Stress Disorder (PTSD)
- Victims of abuse
- Self-destructive behaviors
- Suicidal behaviors
- Poor impulse control

Clients will see a psychiatrist twice a week or as needed during treatment. Clinicians are master's prepared.

# Specialized programming for teens with mental health disorders



## Other activities include:

Therapeutic drumming, art, horticulture, yoga, ropes course, fitness, team building, and soothing room and mindfulness practice

## General treatment modalities may include:

- Personal medication management
- Individual and family therapy
- Group therapy
- Recreational therapy.

## Specialized groups will address:

- Depression
- Mood management
- Cognitive Behavior Therapy (CBT) skills
- Dialectical Behavior Therapy (DBT) skills
- Drug and alcohol prevention
- Life skills

\*Most private insurance plans accepted



**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





Life's  
Waiting

Life's  
Waiting



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888.9AT.LAST

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\* Pictures of individuals in this presentation are for illustration purposes only. These pictures portray models and are not pictures of actual clients of Rosecrance. No inference should be made, or is implied, that the pictures used here are of individuals connected in any way to Rosecrance or to its affiliates or programs.