Understanding Adolescent Addiction
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

Source: Mental Health First Aid USA
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

Source: Mental Health First Aid USA
## Adolescent development

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

*Source: Youth Mental Health First Aid USA*
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
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=tO07InCjcLs
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.

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
Drug use in the last 30 days

- Alcohol: 12% (8th), 25% (10th), 41% (12th)
- Tobacco: 3% (8th), 8% (10th), 18% (12th)
- Inhalants: 3% (8th), 1% (10th), 2% (12th)
- Marijuana: 6% (8th), 14% (10th), 25% (12th)
- Prescription: 2% (8th), 4% (10th), 5% (12th)
Change in Attitude

From 8\textsuperscript{th} to 12\textsuperscript{th} 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
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 county are surveyed.

Source: www.monitoringthefuture.org
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)

• 12th graders vaping nicotine past 30 days nearly doubled (11% to 21%), 10th graders (8% to 16%), and for 8th graders (3.5% to 6%)

• Adding 1.3 million nicotine vapers from 2017-18 (9th-12th grade)

Source: www.monitoringthefuture.org
Marijuana vaping past 30 day use also increased significantly from 2017-18:

- 12th grade (4.5% to 7.9%; 10th grade (4.3% to 7%); and 8th grade (1.6% to 2.6%)
- Cigarette use among 8th and 10th grades did not decline (had been for two decades)
- Binge drinking and prescription opioid use actually declined (especially for 12th graders)

Source: www.monitoringthefuture.org
## Vaping statistics

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

*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
<table>
<thead>
<tr>
<th>Common chemicals in vapes (42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaldehyde (paint stripper)</td>
</tr>
<tr>
<td>Acetone</td>
</tr>
<tr>
<td>Acrolein</td>
</tr>
<tr>
<td>Benzene (pest and gas)</td>
</tr>
<tr>
<td>Cadmium (car batteries)</td>
</tr>
<tr>
<td>Chromium</td>
</tr>
<tr>
<td>Diacetyl (popcorn lung)</td>
</tr>
<tr>
<td>Diethylene Glycol (a-freeze)</td>
</tr>
</tbody>
</table>
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)

Source: http://www.jneurosci.org/content/34/16/5529.full
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
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 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.

Source: NBC News
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”
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.

Source: Neuropsychopharmacology 2002
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.
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 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 an 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 (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.
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 8th grade students are more likely than 10th or 12th 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)
**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

<table>
<thead>
<tr>
<th>Diagnosis Classification</th>
<th>Clients Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>480</td>
</tr>
<tr>
<td>Depressive disorders</td>
<td>103</td>
</tr>
<tr>
<td>Sedative, hypnotic or anxiolytic</td>
<td>83</td>
</tr>
<tr>
<td>Alcohol</td>
<td>69</td>
</tr>
<tr>
<td>Opioid</td>
<td>50</td>
</tr>
<tr>
<td>Stimulant</td>
<td>48</td>
</tr>
<tr>
<td>Bipolar and related disorders</td>
<td>37</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>13</td>
</tr>
<tr>
<td>Hallucinogen</td>
<td>9</td>
</tr>
<tr>
<td>Others</td>
<td>11</td>
</tr>
</tbody>
</table>
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.
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:

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acute Intoxication and/or Withdrawal Potential</td>
</tr>
<tr>
<td>2</td>
<td>Biomedical Conditions and Complications</td>
</tr>
<tr>
<td>3</td>
<td>Emotional, Behavioral, or Cognitive Conditions and Complications</td>
</tr>
<tr>
<td>4</td>
<td>Readiness to Change</td>
</tr>
<tr>
<td>5</td>
<td>Relapse, Continued Use, or Continued Problem Potential</td>
</tr>
<tr>
<td>6</td>
<td>Recovery/Living Environment</td>
</tr>
</tbody>
</table>

- 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 client also needs at least one ‘severe’ substance use disorder diagnosis.

Source: ASAM.org
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; ¾ 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

Source: Mental First Aid USA
Age of onset

One-half of all lifetime cases of mental illness begin by age 14; ¾ 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

Source: Mental First Aid USA
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.

*Source: CASA 2005, Collins et al. 2000, Steinburg 2001*
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.
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.
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?
Recognize concrete/perceptual barriers
Management and recognition of barriers can greatly make a difference in reduction of resistance
Establish environment
Comfortable, supportive, understanding, safe
Strategies to get past no

**Be present, authentic**
Establish rapport and relationships, be genuine about what can be accomplished, reflect courage, and be thankful.
Strategies to get past no

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
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, CADC
Clinical Outreach Manager
C) 815-222-2946
F) 815-387-2590
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
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.
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

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

Other activities include:
- Therapeutic drumming, art, horticulture, yoga, ropes course, fitness, team building, and soothing room and mindfulness practice
Adult Services:
- Free assessments
- Individual/family counseling
- Intensive outpatient program
- Day treatment
- Recovery home

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

Services:
- Free assessments
- Early intervention services
- Urine drug screens offered at an additional cost
- Resources and trainings for parents, professionals and community members
Questions
* 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.