Parenting and Community Support for Adolescents

Empowering families struggling with teenage substance abuse to connect.

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But they were so cute as babies!



Today's Goals

- What substances are out there, what do our teens see every day.
- Explore how parenting changes can impact an adolescent with substance abuse concerns.
- Explore mental health and substance abuse issues, and how they impact each other.
- Explore the role of community supports and how medical professionals and pro-sober community supports impact outcomes for teens and their families.

■ What are your goals for today?

What substances are we talking about?

- I asked my teens what they see the most...
 - Weed (multiple types: wax pens, edibles, bud/flower, shatter, dab rig)
 - Zanie Bars (Zanax)
 - Percs (Percocet) and Oxy pills
 - Adderall
 - Acid
 - Shrooms

Where was vaping/tobacco or alcohol on the list they gave me?

The numbers...

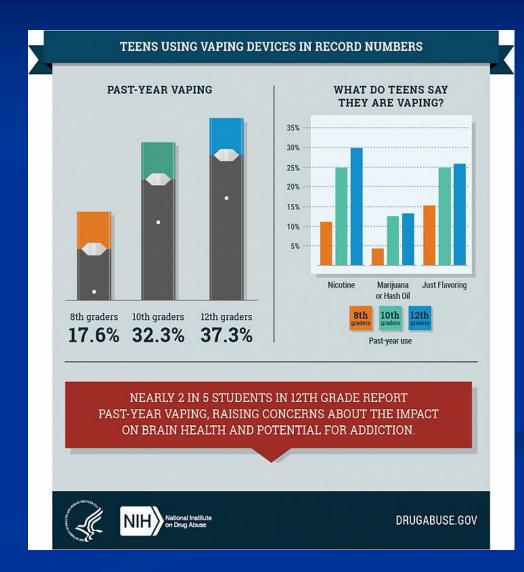
■ CDC numbers for 2019...

- Alcohol, marijuana, and tobacco are substances most commonly used by adolescents.
- By 12th grade, about two-thirds of students have tried alcohol.
- About half of 9th through 12th grade students reported ever having used marijuana.
- About 4 in 10 9th through 12th grade students reported having tried cigarettes.
- Among 12th graders, close to 2 in 10 reported using prescription medicine without a prescription.

Rise of the vape cloud...

What did my kids say when I asked them?

- "Like, half the school vapes mom. Going to the bathroom is annoying."
- "There are plugs everyone knows, you can get just about anything you want."



CDC has a lot to say about vaping...

- E-cigarettes are electronic devices that heat a liquid and produce an aerosol, or mix of small particles in the air.
- E-cigarettes are known by many different names. They are sometimes called "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," "tank systems," and "electronic nicotine delivery systems (ENDS)."
- Using an e-cigarette is sometimes called "vaping" or "JUULing."



Mental health and Substance Abuse = A Perfect Storm

■ In 77 studies that included 4,930 adolescents and 1,956 adults, two-thirds of patients entering substance abuse treatment programs reported at least one co-occurring mental health problem during the previous year. Attention deficit and conduct disorders were more common in young patients, anxiety and depression in older patients.

Common Adolescent Co-Occurring disorders

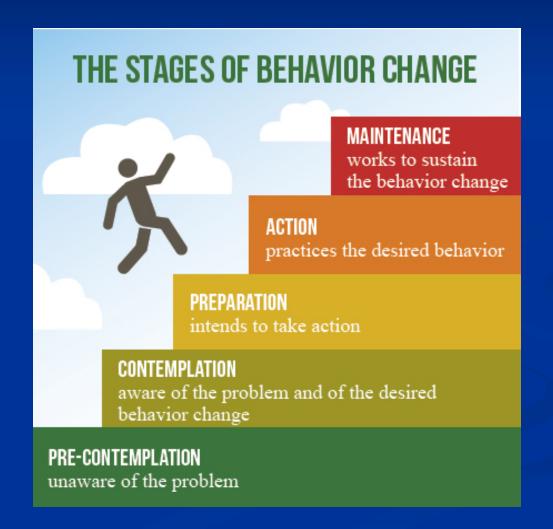
- Trauma
- Major Depressive Disorder
- Generalized Anxiety Disorder
- ADHD
- Conduct Disorder
- Family Conflict



Stages of Addiction

- 1. EXPERIMENTATION Casual use at parties/friends
- 2. REGULAR USE Consistently using, daily or on a regular schedule, before school or at bedtime daily
- 3. RISKY USE/ABUSE Binging, increasing doses/frequency, driving while using, withdrawal
- 4. ADDICTION/DEPENDENCY Withdrawal when not using, scheduling day around use, perseveration on getting more
- 5. TREATMENT/RECOVERY Forced does not work. People have to want to change because they do not like the alternative

Stages of Change



Stages of Change responses

- Pre-contemplation = Express empathy and curiosity
- Contemplation = Build motivation, build confidence
- Preparation = Clarify goals and plan a course of action
- Action = Provide advice on follow-through, set SMART goals (Specific, Measurable, Achievable, Realistic, Timely)
- Maintenance = Reinforce the benefits of change, provide advice on relapse prevention, CONNECT WITH THEM

Parenting support during the first year of sobriety/treatment is imperative to the change process. Helping families to reorganize and separate out from the addiction that has permeated the family system is always the goal.

I would emphasize that compassion and connection are the key elements.

Families change...

- Helping a teen differentiate from family in a gradual, healthy manner IS HARD for us parents! But it is worth the effort, and it begins in early childhood.
- Teens are exploring their values...space is important, but not too much space!
- Do we hold tighter as our children get older and we see the possible consequences in front of them as they test their values?

...still changing...

- Substance abuse changes parents, they become absorbed and stuck in their roles as authority figures in the family, and disconnect from their teens…and from each other… in the process.
 - I wonder what would happen if adults became mentors at this stage? How can we empower teens and still retain our parental structure in the home? Is this a pipe dream??

Drugs/alcohol are now the new parents of the family.

They take control of everyone.

Substance abuse changes everything

- Family atmosphere becomes
 - Unpredictable
 - Inconsistent
 - Uncertain
 - Role changes
 - Shame
 - Fear
 - Loss of attention/connection
 - Loss of emotional safety

What do families lose?

- Loss of childhood
- Loss of sibling relationships
- Loss of future goals
- Loss of predictability
- Loss of safety
- Loss of roles
- Loss of parents' positive attention
- Loss of TRUST and CONNECTION!

What we say matters...

This?

- "You're better than this."
- "Why are you doing this, you're hurting us?"
- "You are embarrassing the family."
- "You are being defiant just to hurt us."
- "You lied again, what's wrong with you?"

Or This?

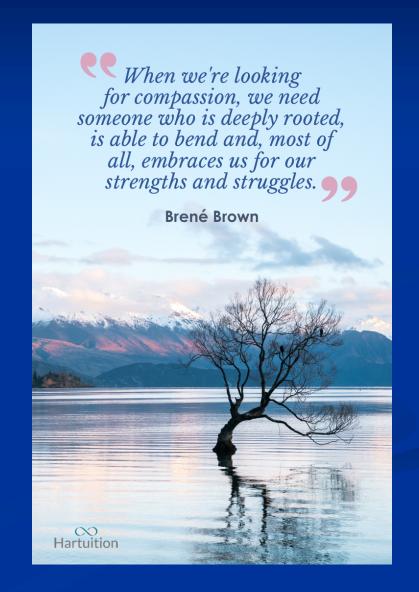
- "Can you help me understand what smoking means to you?"
- "I'm having a hard time understanding this choice, but I love you and will listen."
- "I am feeling hurt and scared right now. I might struggle with my reactions, can you be patient with me?"
- "I love you and will sit with you if you need me."

How we say it matters...



Connection

- Reconnecting regardless of the substance abuse is imperative for families.
- Isolation is the enemy of sobriety!



Do you believe people are doing the best they can every day?

Grieving what "could have" or "should have" been...

When we assume that people are doing their best, it allows us to focus on what IS, not on what could or should be...we connect to the present moment without trying to force change.

POWER OF EMPATHY:

I'M IN IT WITH YOU.

I'M NOT HERE TO FIX YOU.

I'M NOT HERE TO FEEL IT FOR YOU.

I'M HERE TO FEEL WITH YOU AND LET YOU KNOW YOU'RE NOT ALONE.

Building rapport...connecting



How parents can reconnect again...

- Practice being present with teens
- Develop emotional attunement (mirrored neurons are amazing helpers here!)
- Act and respond in a non-judgmental manner (so hard for us humans)
- Create sacred family time, recreate rituals (Game nights and Disney+ for nostalgia!)
- Clarify values, rules, boundaries for the home

Assume families are doing their best as well...

"Support provided to a family through the transition from active addiction to stable recovery can enhance the development and emotional health of children in the family."

(Dr. Stefanie Brown-The Alcoholic Family)

Supporting families

- Family support groups
- Family education
- Parent relapse prevention
 planning...recognizing old habit triggers
- Al-Anon/Al-Ateen
- Family therapy...restructuring roles and healing

Continuum of care

- Inpatient Treatment
 - 24 hour supervision, locked facility
- Residential Treatment
 - 24 hour supervision, less structured, more interaction with others
- Intensive Outpatient Treatment
 - Groups a minimum of 3 hours a day, 3 days a week
- Outpatient Treatment
 - Individual, family psychotherapy sessions. Group support.

Remember, change is hard...

- Adolescents cherish autonomy
- Adolescents are skeptical of "experts" and need to feel connected before they will listen
- Information usually isn't enough to activate change
- People have to persuade THEMSELVES to change...especially adolescents

If punishment worked, there would be few, if any, addiction issues...

Treatment Modalities

- Motivational Interviewing (MI)
 - MI is a collaborative conversation style for strengthening a person's own motivation and commitment to change.
 - Spirit of MI is PACE:
 - Partnership (Collaborative, rather than directive)
 - Autonomy (Informs and encourages choices without judgment)
 - Compassion (Seeks to understand the internal struggle involved in behavior change)
 - Evocation (Find and strengthen the person's own motivation for change, using their own words)

- There is evidence supporting motivational interviewing in adolescents in the following areas:
 - Substance abuse
 - Childhood and adolescent obesity and diabetes
 - Asthma
 - Dental health
 - Accident prevention/high risk behaviors
 - Medication adherence
 - Attending therapy/treatment/medical appointments

A/CRA

- Adolescent Community Reinforcement Approach
 - Getting the teen and the parent reconnected
 - Enhancing pro-social, pro-sober activities
 - A/CRA therapists provide both individual and family support, as well as group support
 - Connecting to community is key
 - Can be used both in residential treatment and outpatient settings

DBT is for everyone...

- Dialectical Behavioral Therapy (DBT) overarching goal is to build a life worth living through regulation of emotional response to both internal and external stimuli.
 - Key components:
 - Mindfulness training (Meditation, attunement to emotions, awareness of present moment without judgment, awareness of thoughts to gain control over behavior, ACCEPTANCE of the here and now)
 - Distress Tolerance (distraction, self-soothing)
 - Emotional Regulation (Wise Mind)
 - Interpersonal Effectiveness (building the life worth living)

DBT...Wise Mind

Why is it important to know what state of mind a teen is in when we are talking to them?

Rational Mind Emotional Mind Approaches Approaches Wise Mind experience experience emotionally intellectually Intuitive experience Uses only emotions & thinking Uses knowledge and to make decisions past experience · Balance of Rational Reactive & Emotional Mind Uses facts, research · Tells us how we feel and planning Living Uses core mindfully Focused psychological needs

How can providers support?

Asking questions in appointments to motivate:

- Who do you care about in your life? Who cares about you? When was the last time you spent time with people who support you?
- What gives you pause in calling or making the kind of human contact needed to enable recovery? What do you imagine these people would think and feel if you did make contact?
- What are you passionate about? What makes you smile, feel engrossed in, gets your energy flowing?

Rat Park



Rat Park Experiment:

Was a study into <u>drug addiction</u> conducted in the late 1970s (and published in 1981) by Canadian psychologist <u>Bruce K. Alexander</u> and his colleagues at <u>Simon Fraser University</u> in British Columbia, Canada.

Questions? Comments? Stories?

