



Helping Adolescents with Alcohol and Other Drug Problems

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Existing literature clearly supports many counselors' perceptions and beliefs that high school and middle school youth are: (a) abusing Alcohol and Other Drugs (AODs) more frequently than ever before, (b) beginning AOD abuse at earlier ages, and (c) ignoring the inherent dangers associated with AOD abuse (Hogan, 2000; Johnston, O'Malley, & Bachman, 2000). This data clearly demonstrates the need for counselors to be able to effectively intervene with AOD abusing adolescents.

Cognitive-Behavioral Counseling Interventions

Cognitive-behavioral counseling interventions have significant utility for counselors due to their emphasis upon brief, time-limited interventions directed toward immediate youth concerns. Three primary cognitive-behavioral counseling goals exist for counselors helping AOD abusing adolescents (Nystul, 1999). First, counselors help adolescents understand how their thoughts, feelings, and behaviors engender AOD abuse. Second, counselors promote understanding of how AOD abuse is connected to negative consequences and positive consequences. Finally, counselors help adolescents explore new, healthier ways of thinking and acting which reduce the probability of continued AOD abuse.

Understanding the AOD Abuse Sequence

Recognizing triggers. Counselors treating AOD abusing youth first need to help them recognize the triggers (e.g., thoughts, feelings, behaviors, situations), which occur immediately prior to the AOD abuse. Commonly, AOD abusing youth will be able to describe the internal dialogue they have with themselves or the physical or psychological signals, which foretell of their upcoming AOD abuse.

Additionally, they may describe physical feelings like an inability to relax or concentrate, and physical behaviors like involuntary muscle contractions or psychomotor agitation. Psychological signals might include remembering how calming it was when they smoked marijuana the previous day or describing the depressed symptomology experienced most days when they are AOD abstinent. Furthermore, they might be able to identify specific situations or circumstances that increase the probability of their AOD abuse.

Once triggers are recognized by youths, trigger lists are made. Clients rank order the triggers on the lists, indicating which triggers are the most powerful and which are most frequently encountered. Priority is then given to triggers identified by clients as being the most powerful and occurring most often.

Establishing trigger baselines. Concomitantly, the self-described severity and frequency of triggers serve as baselines that can be used to measure progress. Should clients report a

decrease in severity and frequency of triggers, progress is likely occurring and the interventions being used should be continued. However, should the severity and frequency of triggers increase, treatment and interventions warrant revision.

Nonuse lists. In addition to the trigger list, counselors may wish to help clients construct a "Nonuse List." Here, the emphasis is upon identifying thoughts, feelings, behaviors, and situations occurring when clients don't AOD abuse. The purpose of this list is to help adolescents identify different ways of positively experiencing life without the need to AOD abuse. Many counselors with whom these authors have spoken have noted significant portions of their frequently AOD abusing adolescents will be AOD abstinent when: (a) they are interacting with respected and admired peers who don't use, (b) youths are participating in activities they are invested in and find interesting, and (c) they don't experience overwhelming anxiety related to future performance. Thus, a nonuse list provides adolescents with ideas on how they might better cope with experiences that commonly lead to AOD abuse by describing how they think, feel, and behave when they are not driven by the urge to use.

Positive Consequences. Unfortunately, positive consequences resulting from adolescent AOD abuse are often ignored or inappropriately minimized by helping professionals. This is a significant treatment error that dilutes counseling efficacy and disinvests youth participation. Adolescents frequently experience multiple positive consequences as a result of their AOD abuse. These positive consequences can vary greatly depending upon the individual youth. Perceived peer support provided by other AOD abusing adolescents, escape from pressing concerns, and pure enjoyment of being under the influence are key reasons youths AOD abuse. Honest discussion regarding the potential loss of these perceived positive consequences is necessary before adolescents can begin the abstinence process.

The intent of these questions is not to have clients romantically portray AOD abuse. Instead, counselors are learning why AOD abuse and AOD experiences are important to the individual adolescent. Once the why is answered, counselors can begin working to appropriately address the void that will inevitably be created should adolescents eliminate their AOD abusing behaviors.

Negative Consequences. When reviewing negative consequences resulting from adolescent AOD abuse, it is helpful to first ask about the presenting circumstances which brought clients to counseling and then link these to other academic, family, peer, psychological, or legal problems resulting from or "potentially linked" to their AOD abuse. Sometimes adolescents are either unaware of potential negative consequences of their AOD abuse or purposely deny

any negative consequences. Under these circumstances, counselors may wish to use circular questioning. Here, the intent is to learn how clients believe they are perceived, valued, and respected by significant others.

Assorted Adjunctive Interventions

Using cognitive-behavioral interventions to help clients more thoroughly understand their AOD abuse sequence is helpful. However, three other adjunctive interventions warrant discussion when counseling AOD abusing adolescents.

Psycho-educational interventions. Psycho-educational interventions using a cognitive-behavioral approach can be planned and implemented by counselors. Through the use of cognitive-behavioral strategies, the counselor can assist adolescents in understanding that their thinking influences how they feel, which in turn impacts what they do, with substance abuse being one possible outcome of this chain of events. Such structured and concrete strategies can assist the counselor in helping young people with interpersonal learning about themselves in regard to AOD issues. This is especially helpful when counselors are responding to pre- and early adolescent referrals, where the young client may benefit from developmentally appropriate interventions that are presented in visual and concrete terms. Such activities can be used in individual and group counseling with some modification.

Contingency contracting. Many counselors use contingency contracting when counseling AOD abusing adolescents. Contingency contracts are clearly worded contracts that describe acceptable and unacceptable youth behaviors. Counselors and their clients jointly develop an outline indicating that AOD abuse will not be tolerated. Sanctions and rewards are stated for contract compliance.

12-step support groups. Another intervention that warrants discussion is the use of support groups. Incorporating a 12-step recovery program into an adolescent's treatment for AOD abuse may enhance their chances of maintaining sobriety (Chatlos & Estroff, 2001; Elliott, Orr, Watson, & Jackson, 2005; Walfish, Massey, & Krone, 1990). Twelve-step groups are all based on the premise that by sharing and challenging one another, sobriety among group members can be both achieved and maintained. Affiliation in a 12-step program along with other adolescents may meet several needs for the client, such as modeling, mutual support, shared experiences, sense of belonging, skill acquisition, and strategies to help maintain sobriety (Bristow-Braitman, 1995; Erlich, 1987; Robinson, 1996). Moreover, a central tenet of 12-step programs is living "one day at a time." This seems particularly relevant to a youth who tends to live in the moment.

Referrals. A final intervention that may be necessary when adolescent AOD abuse escalates, and concerns arise about

dependency, is a referral for either outpatient or inpatient treatment. There are times when counselors may be called upon to refer a client for further treatment. Referrals may require serious consideration when parents or school personnel raise concerns, or when the youth self-refers. If a referral is necessary, it is important that counselors have access to resources for both outpatient and inpatient treatment programs.

Summary/Conclusion

Alcohol and Other Drug abuse continues to be a major problem for high school and middle school students, and is even becoming problematic at the elementary school level. The cognitive-behavioral and adjunctive interventions described herein provide counselors practical and effective treatment options that can be readily implemented with AOD abusing adolescents. Although counseling AOD abusing adolescents is a challenging charge for counselors, the interventions presented clearly provide a fundamental approach which can be helpful.

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Note. Adapted From *Professional School Counseling: A Handbook of Theories, Programs and Practices, 2nd Ed.*, by B. T. Erford, (Ed.) (in press), Austin, TX: PRO-ED. Copyright (in press) by PRO-ED, Inc. Adapted with permission.

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Suggested APA style reference:

Juhnke, G. A., Zambrano, E., & Peters, S. W. (2008). *Helping adolescents with alcohol and other drug problems (ACAPCD-20)*. Alexandria, VA: American Counseling Association.