Adolescents and Substance Abuse: What Works and Why?

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The nature of adolescent development poses unique issues for counselors when providing substance abuse services to this client population. Some of these issues are rapid growth of the brain and body during adolescent years, emotional and social influences on adolescent behavior, impact on normal development due to substance abuse, identity and self-esteem development, and family dynamics. In addition, today's adolescents are living in a culture in which they are exposed to more information about drugs and easier access to drugs, such as the Internet. National surveys continue to show that the majority of adolescents believe that their use of alcohol and drugs is normal (Substance Abuse and Mental Health Services Administration, 1999). These factors increase the challenge for counselors when trying to intervene either through prevention or treatment.

The developmental tasks of adolescence are different from the tasks of adulthood (Erikson, 1968; Steinberg, 1999; Steinberg & Morris, 2001). This is one of the reasons that adult substance abuse treatment models need to be evaluated and redesigned to be effective as a model for adolescent clients. This article offers a brief overview of adolescent developmental tasks, patterns of substance abuse that are different from adult patterns, and suggestions for effective interventions. Some evidence-based approaches are discussed in terms of how they relate to developmental needs of adolescents as promising early intervention and treatment models.

Developmental Tasks of Adolescence

Adolescence is typically described as 12 to 18 years of age. Erikson discussed the tasks as identity vs. role confusion with a move away from parents and toward answering the question, "Who am I?" More recently, other authors have expanded the age range and the tasks. Havighurst (1971) suggested there are three stages of development within this time span in which some tasks are emphasized more than others. These stages are early adolescence (11 to 15), middle adolescence (15 to 18), and late adolescence/young adulthood (18 to early 20s).

The developmental issues for early adolescence are rapid physical growth, self-image focused on appearance, and intense conformity to peers in order to gain acceptance. It makes sense that if an adolescent is experiencing rapid changes in his or her body, there will be an increase in preoccupation about appearance and also a sense of being out of control with what may happen next. Added to that, all adolescents develop physically at different times and in different ways, so at the same time they are trying to be accepted and look like their peers, their bodies may be very different. Part of this rapid growth involves secondary sexual characteristics, which raises questions about sexual identity and behaviors. If an adolescent has developed ahead of his or her peer group with these characteristics, (e.g., a female is developing breasts), he or she could be ridiculed by peers and feel a need to associate with older adolescents who look more like him or her. However, emotionally and socially the early adolescent female or male will not be prepared for relationships with these older peers.

Tasks for middle adolescence are new thinking skills, transition toward being self-directed, peer issues focused on gender attracted to, psychological independence from parents, and beginning to learn consequences of behavior and start controlling impulses. This implies that adolescents need environments in which they are allowed to test out their new thinking skills, receive nonthreatening feedback and appropriate consequences, and practice new behaviors. If they are in a system, such as educational, treatment, or family, where these new skills and tasks are suppressed, the development of the middle-age adolescent will be impacted.

In late adolescence, the tasks are final preparation for adult roles, a sense of personal identity, a focus on vocational goals, and independence from parents. Use of substances at this stage can prevent the ability to pursue these goals. For example, with vocational goals, having a hangover could make the adolescent late for work, which could have the consequence of job loss. Without income separate from parents, this late stage adolescent could have difficulty establishing independence. Also, forming a sense of a positive

personal identity is difficult if the adolescent is part of the drug culture. These stages are important to consider for many reasons, but specifically, in trying to address substance abuse issues, interventions will be more effective if they correspond to these stages and tasks.

Patterns of Use and Abuse

Nowinski (1990) suggested the following stages of use/abuse/addiction for adolescents: experimental use, social use, instrumental, habitual, and compulsive.

The experimental use stage involves curiosity and risk taking. The primary focus is rites of passage with peers. The goal is to have an adventure and not necessarily to alter moods. Use is occasional with no regular pattern and no consequences.

The social use stage has the primary focus of social acceptance, and the pattern will depend on the peer group's patterns. This could range from drinking games to binge drinking to no drinking with only pot use. The adolescent experiences mood swings, probably an occasional hangover, but returns to normal functioning. He or she might suffer a consequence, such as a ticket for driving under the influence when leaving a social event.

Once an adolescent moves into the instrumental stage, the motives change from peers to self. Substances are used to manipulate emotions, either enhancing or suppressing them. The effects are to obtain the high either for pleasure or for coping with emotional problems, such as anxiety or depression. It is important to ascertain which motive the adolescent is focused on, as each requires a different type of intervention.

In the habitual stage the adolescent is seeking the drug out of a need to alter moods. Frequency of use increases and his or her lifestyle becomes focused on how to obtain substances. After use, there is not a return to normal feelings, and often the adolescent appears irritable, restless, or depressed. School and job performance is affected and appearance changes are noticeable.

The final compulsive stage occurs when the adolescent is addicted. He or she can no longer control behaviors: there is total preoccupation with drug using, shame, despair, suicidal thoughts, and no interest in other activities. There is no return to normal functioning after use.

Substance Abuse and the Impact on Developmental Tasks

In the early stages of use, the developmental tasks match the patterns of use in that they are peer focused.

Therefore, interventions should be peer focused, such as student assistance programs. This also implies that monitoring the use patterns of peer groups is an essential aspect of prevention for families and for educational systems. Another important consideration is screening adolescents carefully so that an early stage user is not in a group with later stage users and, because of peer approval needs, adopts their behaviors.

In the later stages of use, social, identity, learning, and emotional developmental issues need to be considered in planning for prevention and treatment.

Social

One of the consequences of moving from social use to habitual use is that the adolescent moves out of the mainstream peer culture and into the drug-using subculture. Instead of moving through the normal social stages of adolescent development, the teen develops an immature self-centeredness reinforced by a subculture that is characterized by immediate gratification, impulsivity, and hedonistic behaviors. Relationships are formed primarily with others in this subculture so that the adolescent has a peer group that does not confront inappropriate, antisocial behaviors. The normal social developmental tasks, such as dating and learning empathy for others, are not completed. The adolescent becomes identified as part of this subculture and then ostracized/stigmatized by the mainstream culture. This alienation by others then affects self-esteem and identity. Effective prevention and treatment programs must educate staff about this different culture and learn the language and rituals so as to be able to engage with adolescent clients.

Identity

Another consequence of substance use is that the adolescent developmental process of forming an identity becomes centered on a drug-using identity. Moral development, self-esteem, self-control, and other behaviors that adolescents need to learn in order to form a positive self-identity are damaged because of the drug-using focus and the effects of the subculture. The adolescent's identity is primarily attached to the drug and the subculture. This prevents exploration of new ideas, new behaviors, and new activities, a critical process in adolescent identity development. Experimentation, one of the ways adolescents learn about themselves and their environment, is focused on alcohol/drugs to the exclusion of healthier outlets. Interventions that start with telling the adolescent he or she can never use drugs again may not be effective because his or her identity and autonomy is thereby threatened. A slower, gentler exploration of values and

beliefs, introducing the adolescent to other meanings for identity, and discussing choices will probably be more successful.

Learning

Learning is also impacted by the consequences to cognitive development and coping skills. Substances impact the ability to concentrate, to remember, and to be motivated to learn. One of the major tasks of adolescence is to develop expanded cognitive abilities, such as abstract reasoning, problem solving, and goal setting. Substance use disorders interfere with all of these abilities. For example, the adolescent uses alcohol to cope with a problem. The alcohol provides emotional relief. The next time he or she has a problem, alcohol is used again. This pattern leads to a dependency on using alcohol as a coping skill vs. developing other coping skills. Interventions aimed at building skills that are action oriented and practical, and provide immediate success are most helpful with adolescents.

Emotional

Numerous stressors are associated with moving through the developmental tasks of adolescence. Physical changes, new experiences, and social and family factors all contribute to the mood swings of adolescents. In addition, research has identified that the adolescent brain is functioning in a different way. The amygdala, a section of the brain that generates emotions, increases in size and activity during adolescence. In addition, serotonin, which regulates moods and controls impulses, fluctuates more in adolescents than adults (Giedd et al., 1996). Adding mood-altering substances to these normal developmental factors affects the emotional well-being of the adolescent in many ways including intensifying mood swings, increasing impulsivity and self-destructive behaviors, and depending on substances to manage stressors. Adolescents need safe environments and relationships in which they can ventilate these emotions, feel validated, and then be given skills for managing their behavior.

Suggested Approaches: Motivational Interviewing and Brief Therapy

Motivational interviewing is defined as "a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence" (Miller & Rollnick, 2002). A number of research studies have adapted motivational interviewing for different settings and different client populations. Many of the studies are based on one to four sessions, and the outcomes were positive in terms of reducing or stopping substance use (Miller & Rollnick, 2002). Fewer studies have applied motivational interviewing to adolescent clients, and again, most of them used an adaptation. The largest clinical trial, conducted with adolescent cannabis users, showed promising results with five sessions of motivational interviewing (two individual sessions) combined with cognitive behavioral therapy (three group sessions) (Dennis et al., 1998).

The specific principles and practices of motivational interviewing are also compatible with the developmental tasks previously discussed for adolescents. These principles are to express empathy, develop discrepancy, roll with resistance, and support self-efficacy. Typically adolescents are told to attend a prevention program or a treatment program. Adults in their environment are often telling them what to do, expecting them to act differently than they do, and are judging or criticizing, all in the name of trying to help. However, in light of the developmental needs of adolescents to establish their own identity, these types of behaviors by adults often are ineffective. An adult who expresses understanding of the adolescents' world view (empathy) is going to be more effective. An adult using the motivational interviewing approach will listen rather than lecture, reflect the adolescent's thoughts and feelings rather than criticize, and stress that the adolescent has choices with whatever issue he or she is discussing.

If the adult wants to provide some feedback or direction, he or she asks for permission to do so and shares this in an empathetic, nonjudgmental manner. An example might be a young man who states he wants to get his drivers' license, but he is not willing to quit drinking. The adult could say, "It is certainly your decision and I will not tell you what to do. I was wondering if it would be okay if I shared some concerns with you about this decision?" Another way to use motivational interviewing in this scenario is to reflect back to the adolescent "You have an important goal of getting your driver's license. You also say that you do not plan to quit drinking. What are the pros and cons of continuing to drink once you have your license?" Again, this type of intervention supports the developmental process of the adolescent by allowing him to develop thinking skills, be self-directed, think through consequences, and assert his own identity. Developing the discrepancy between the goal he wants (the license) and the behavior he wants to continue (drinking) is a process that can help the adolescent clarify what he wants to do without being told what to do.

Another promising approach is brief therapy. Monti, Colby, and O'Leary (2001) discussed the effectiveness of brief therapy with adolescent clients.

Brief therapy is compatible with adolescents especially in the early stages of use and abuse. This approach avoids labeling clients with a diagnosis that fits with the issues of identity an adolescent is trying to resolve. Many professionals have spent frustrating sessions trying to convince an adolescent he or she is an addict or other diagnoses. Brief therapy focuses instead on identifying and utilizing the strengths of the adolescent client, providing nonjudgmental feedback, and problem solving in a collaborative manner.

Conclusion

This article reviews the developmental tasks of adolescents; provides an overview of the patterns and stages of adolescent substance use, abuse, and addiction; and discusses how these processes are interwoven. Two promising approaches, motivational interviewing and brief therapy, are noted as compatible with the developmental tasks of adolescents.

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