

6-2014

Beliefs About Substance Abuse Among Adolescents: What Works?

Alma Elizabeth Hernandez
CSUSB

Stephanie Michelle Araiza
CSUSB

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

Recommended Citation

Hernandez, Alma Elizabeth and Araiza, Stephanie Michelle, "Beliefs About Substance Abuse Among Adolescents: What Works?" (2014). *Electronic Theses, Projects, and Dissertations*. 61.
<https://scholarworks.lib.csusb.edu/etd/61>

This Thesis is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

BELIEFS ABOUT SUBSTANCE ABUSE AMONG ADOLESCENTS:
WHAT WORKS?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Stephanie Michelle Araiza
Alma Elizabeth Hernandez
June 2014

BELIEFS ABOUT SUBSTANCE ABUSE AMONG ADOLESCENTS:
WHAT WORKS?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Stephanie Michelle Araiza
Alma Elizabeth Hernandez

June 2014

Approved by:

Dr. Thomas Davis, Faculty Supervisor, Social Work
Dr. Rosemary McCaslin, M.S.W. Research Coordinator

© 2014 Stephanie Michelle Araiza and Alma Elizabeth Hernandez

ABSTRACT

The purpose of this study was to explore beliefs about what works in substance abuse treatment among adolescents. This was a qualitative study that was comprised of fourteen counselors who were interviewed regarding what works in substance treatment with adolescents. The study identified four themes that contribute to our knowledge about what works in substance abuse treatment among adolescents. The study recommends that future research explore further what works with adolescents in substance abuse treatment, including collaborating with family members, identifying strengths in adolescents, building an authentic rapport with adolescents, and using the latest evidence-based practices.

ACKNOWLEDGMENTS

I would like to first acknowledge the most important people in our study, the participants at Jewish Family Service who were kind enough to contribute their brilliant perspectives to this project. To Maureen Forman, LCSW, and Executive Director of Jewish Family Service. Thank you for giving us the opportunity to work with your staff and make this research project possible. We would also like to thank the Tiger Stripes Social Work cohort. You are all going to be exceptional professionals in the field. We appreciate your emotional support and positive guidance. Finally, to Dr. Thomas Davis whose wit and charisma always made us feel like we were doing something right.

DEDICATION

We would like to dedicate this thesis to all individuals and families who have been impacted by substance abuse. Also, to those who are interested in helping our youth through their substance abuse. We hope that this thesis can provide insight on how to provide more effective treatment for this population.

Stephanie. This project is dedicated to the many people in my life who maintained my enthusiasm. To my family for understanding my distance and sustaining my motivation. To Brandon, my wonderful life partner for offering your unconditional love. I could not have accomplished this program without you. To my friends. And to Alma, for tolerating my persistent personality. Thank you for your perseverance and commitment to this project.

Alma. To my parents, thank you for all your love and giving me the opportunity to continue my education and pursue my goal of becoming a Social Worker. I would also like to thank my sisters and brother for always giving me great advice and encouraging me to reach for my goals. To my loving husband, thank you for being patient and loving and having faith in me that I could do it.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGMENTS	iv
LIST OF TABLES	viii
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Purpose of the Study	4
Significance of the Project for Social Work	6
CHAPTER TWO: LITERATURE REVIEW	
Introduction	8
Risk Factors for Adolescent Drug Use	8
Family Factors and Influence	9
Peer Influence	10
Media Influence	11
Negative Coping Strategy	11
Current Effective Treatment Methods in Working with Adolescents	13
Motivational Interviewing (MI)/ Motivational Enhancement Therapy (MET)	13
Cognitive-Behavioral Therapy	17
Multidimensional Family Therapy	18
Theories Guiding Conceptualization	19
Summary	21
CHAPTER THREE: METHODS	
Introduction	23

Study Design	23
Sampling.....	24
Data Collection and Instruments.....	24
Procedures	25
Protection of Human Subjects	26
Data Analysis.....	27
Summary	27
 CHAPTER FOUR: RESULTS	
Introduction.....	29
Presentation of the Findings	30
Summary	37
 CHAPTER FIVE: DISCUSSION	
Introduction.....	38
Discussion	38
Family Involvement.....	38
Identifying Interests and Fostering Strengths.....	41
Building Rapport and Trust with Clinicians.....	43
Theories and Approaches in Treatment.....	46
Limitations	48
Recommendations for Social Work Practice, Policy and Research	50
Conclusions	51
APPENDIX A: DATA COLLECTION INSTRUMENT	53
APPENDIX B: INFORMED CONSENT	55

APPENDIX C: DEBRIEFING STATEMENT	57
APPENDIX D: RAW DATA TABLES	59
REFERENCES.....	68
ASSIGNED RESPONSIBILITIES PAGE	72

LIST OF TABLES

Table 1.	Demographic Characteristics	30
Table 2.	Family Involvement	32
Table 3.	Identifying Interests and Fostering Strengths	33
Table 4.	Building Rapport and Trust with Clinicians	34
Table 5.	Theories and Approaches	36

CHAPTER ONE

INTRODUCTION

Adolescence is a crucial time period of cognitive development in which, if altered by the use of drugs and alcohol, can have long-term effects on the individual such as cognitive impairment, physical agitation, and fatality. In today's society, the use of drugs and alcohol is increasing in the adolescent population. This is due to several contributing factors, including peer influence, substance use within the family, media portrayals of substance abuse, and the use of negative coping mechanisms. Although there are a multitude of treatment options for teens, there appears to be a lack of innovative treatment that alters the prevalence rate of drug use among this population.

Problem Statement

Adolescence is a fundamental period of physical and cognitive development. The U.S. National Library of Medicine states that adolescents are capable of understanding conceptual ideas, establishing relationships by learning to share intimacy, having a sense of purpose in life, and increasing independence (Mannheim, 2011). Erikson (1968) in his 'stages of development' suggest that adolescents are in the "Identity vs. Role Confusion" stage. Adolescents are easily influenced by external factors to engage in risky behaviors because they are searching for a sense of self. In our society, the prevalence of adolescents using drugs and alcohol is alarmingly high. Teens

use alcohol or drugs as a way to cope with stress, avoid problems, boost their mood, and for the purpose of socialization (The National Center on Addiction and Substance Abuse at Columbia University, 2011).

According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2010), in the United States, 10.1 percent of youth aged 12 to 17 were using illegal drugs; the most frequently used drug being marijuana. Ilgen et al. (2011) also found that almost half of high school seniors in the U.S. report to using an illicit drug at least once during their lifetime. The University of Michigan (2010) conducted a study that indicated within the past 30 years, regular marijuana use has increased to its highest point among high school seniors (as cited in Winters, Botzet, & Fahnhorst, 2011). The rate at which teenagers are experimenting with illicit substances in California is reported to be 10.9 percent, which is comparable to the national rate (SAMHSA, 2009). A study conducted within the County of Riverside also reported high rates of teenage substance use. The Maternal Child and Adolescent Health Report (2010) showed that 46% of Riverside County teens consumed alcohol in their lifetime; 28% of respondents report at least one drink in the past 30 days. In conducting this study, it is important to consider substance use among teens within Riverside County in order to understand the population in which this study is focused on.

According to the Diagnostic and Statistical Manual of Mental Disorders (2000), substance abuse is defined as a maladaptive pattern of use that leads

to frequent unfavorable consequences due to the use of drugs and/or alcohol. With substance abuse, the individual is using drugs and alcohol repeatedly to the point where it impairs obligations. Some symptoms of substance abuse include being under the influence during situations of physical danger, getting involved in the legal system, and continuing substance use regardless of impairment of social and personal relationships (*Diagnostic and Statistical Manual of Mental Disorders*, 2000).

Our society's perceptions of drugs have been evolving throughout the years. Government officials are now considering the legalization of marijuana for recreational use in several states. Many advocates state that legalizing marijuana for recreation will help regulate the drug more efficiently to consumers. Unfortunately, as seen with alcohol, adolescents may find easier access to the drug even if it is prohibited to minors. Additionally, an increased use among the general population may glorify or normalize marijuana use. Although studies are unavailable about the implications of legalization among American teens, it is important to be aware of this issue and how it may pose a threat to the physical and emotional health of teens.

According to a study from the Substance Abuse and Mental Health Services Administration (SAMHSA), treatment programs designed for adolescents increased from 2,874 to 4,291 between 1987 and 2003. In 2003, about one third of substance abuse agencies had programs for treating teenagers (Godley & White, 2005). Adolescents are typically required to attend

counseling by parents, are mandated by court, and do not seek treatment on their own. Additionally, adolescents' cognitive level is very different than adults. This means treatment methods should be distinctive and focused on the adolescent population. The need of adolescents with substance abuse issues has been growing; therefore, it is important for substance abuse treatment centers to increase their programs for this population.

Such rates of substance use among adolescents and a lack of treatment response illustrate the capacity for teens to suffer the consequences from their abuse. Substance abuse leads to a wide range of risky behaviors that may lead to personal harm or a harm towards others. Engaging in risky behaviors is a normal pattern for teenagers, which can be carried into adulthood. Unfortunately, most adolescents do not recognize the destructive patterns of addiction and the implications substance abuse can have in their entire lives.

Purpose of the Study

This study was conducted to assess current treatment methods among clinicians working with adolescents who abuse drugs. The study hoped to explore the beliefs about what works in adolescent substance abuse treatment. Currently, adolescents appear to be increasing their use of illicit drugs. It is necessary for treatment to be especially innovative and efficient. Many variations of interventions exist, although it has been apparent that these interventions have not made significant impact among this population.

Teens appear to have greater access to illicit drugs, and various forms of media have glorified the use of drugs. Media influences have developed a cultural norm for youth experimenting with drugs. The perspective of teens regarding drug use has altered because of an increase in outside influences. This is especially detrimental when teens are participating in substance abuse interventions. Teen participants are more likely to be resistant in treatment because of their preconceived judgments and perspectives regarding substance abuse. In treatment, it is important for professionals to recognize the changes in cultural norms amongst teens, and have the capacity to work with these norms to produce positive outcomes.

In this study, fourteen clinicians within Riverside County were interviewed to collect facts about what is currently being done in their own practice. The clinicians who were interviewed have previous experience in working with adolescents that have significant issues with drugs. Their experience and background was important in order to gain insight into behaviors and patterns in this population. A qualitative approach to interviewing permitted us to understand how to achieve improvements in teens' behaviors. Interviews also offered useful information about how services can be improved for future treatment. The information was collected through fifteen-minute interviews. The format of questions came from a self-constructed measurement that assessed for themes concerning treatment effectiveness when working with adolescents.

Significance of the Project for Social Work

By understanding what is currently working in treatment, social work practitioners and other professionals within the social service field can utilize this information to improve interventions for this population. Providers of services can gain sufficient knowledge of interventions that are more efficient in decreasing substance use tendencies. In understanding what is effective for teenagers, policy makers in the social work field can also assure that there is an implementation of useful and competent services. There should be collaboration amongst policy makers and agencies in order to assure that change and improvements are being made among all youths who are experiencing substance abuse issues.

With this study, awareness on how to make improvements in practice and policy will decrease the prevalence rates of substance abuse among teens overall. Addressing and preventing substance use among teens is imperative when considering the future implication this has on the individual. This is also important when considering future implications this has on costs for treatment, as teens will age. Mediating this issue at a young age is imperative in preventing severe problems. Additionally, this study can be useful in conducting further research about developing specific programs that will be effective in improving outcomes. It is also important to research how to specifically implement these programs on a large-scale basis.

In considering the process of the generalist practice model, the outcomes of this study will address and inform three of the six phases: treatment planning, treatment implementation, and treatment evaluation. Substance use professionals will gain insight into how to *plan* for addressing this issue. Clinicians can organize specific interventions that adhere to what is effective for this population. Also, further insight will be gained through an understanding of what clinicians are currently *implementing* and how to alter these practices. Finally, this study is the process of *evaluating* specifically what has been successful in treatment. The question that is being addressed in this study is: what is currently working in treatment for adolescents who abuse substances?

CHAPTER TWO

LITERATURE REVIEW

Introduction

When considering substance abuse in the adolescent population and understanding treatment, it is important to explore the literature that pertains to this subject. The following literature has guided our knowledge of the problem and how it pertains to Social Work. There are three areas of research that have been studied in developing a proficient understanding of this problem. First, the risk factors for adolescents to engage in substance use and abuse. Secondly, we examine the current treatments that have been successful when working with teens. Finally, we will discuss the theoretical approach to our research and conceptualization.

Risk Factors for Adolescent Drug Use

There are internal and external factors contributing to adolescents' substance abuse. External factors are derived from the environment; what they see or hear in their surroundings can serve as stimuli to their substance use. Internal factors are based on adolescents' emotions and cognitive well-being. Both factors are as important to the adolescent substance use, although many times one can easily distinguish the external causes of use. These include family factors, peer influence, and media influence.

Family Factors and Influence

According to some studies, siblings' substance use will increase the chance of an adolescent's likelihood to use the same substance as their sibling. If the sibling is male, the chances are from 49.3-50.1%; and for female siblings, the chances are 22.4-25.0% (Agrawal & Lynskey, 2008). Other studies also suggest that parent substance use is one of the three main reasons adolescents begin using substances (Blanton, Gibbons, Gerrard, Conger, & Smith, 1997). Wallis (2013) addresses the importance of parents and siblings influence because of their contribution to molding adolescents' environment; an adolescent will imitate learned behaviors. Additionally, if parents are using substances, it is more likely that the family will be undergoing other problems such as poor health care, unemployment, and scarcity of resources; these stressors can lead adolescents to feel helpless and engage in drug and alcohol use (Leichtling, Gabriel, Lewis, & Vander Ley, 2006).

Parenting styles also have a fundamental impact on the adolescent substance abuse. Rowe, La Greca, and Alexandersson (2010) state that poor parenting styles greatly impact children; if there is less attachment (i.e. warmth, encouragement, support, acceptance) the adolescent is more likely to use drugs. The wellbeing of the parent could also impact their parenting style. There are some parents who need to deal with their own mental health issues. Being so, the parent cannot connect or interact with his or her child. It

becomes difficult to supervise the adolescent with mental health issues. It often occurs that the parent and child reverse roles, making many adolescents the caretaker of their parent. These factors contribute to the increase in adolescent substance abuse (Rowe et al., 2010). Lastly, the parents' perception of substance use is an influential factor for adolescent use. According to some studies, if the adolescent supposes that his or her parents have a permissive view of drugs, then they are more likely to engage in the risky activity because the parents do not express negative beliefs (Wallis, 2013). Parent and siblings have a great contribution to adolescent substance use because they form part of the adolescent's environment.

Peer Influence

Peer group influence is another one of the three main reasons adolescents begin using substances (Blanton et al., 1997). According to Dishion and Owen (2002), the type of peer group an adolescent chooses has a great impact on his or her use of substances. Peers also influence the type of substance used, the frequency of use, and the intensity of the drug. Adolescents are in a developmental stage where they are looking for a sense of self; therefore, peer interaction is very important to them. The adolescent has a strong desire to feel part of their peer group, which is correlated with feelings of self-worth, high self-esteem, and competency (Laser & Nicotera, 2011).

Blanton et al. (1997) states that adolescents who use substances regularly tend to associate themselves with peers who do the same. An adolescent who has a relationship with someone who engages in drug activity will have a high probability of using. Also, when an adolescent participates in a peer group where substance abuse occurs, the adolescent may see the idea of substance use as normal, and assume that all other peer groups also engage in substance use (Finn, 2006).

Media Influence

Another external factors contributing to adolescent substance abuse is the media. Although there are many illegal drugs that adolescents engage in, the two that show the most media influence are alcohol and tobacco. These two drugs are assumed to be the gateway to other illicit drugs. Alcohol and tobacco companies spend billions of dollars creating advertising, and it appears to have a great impact on the adolescent population (Media, 2010). Studies show that on television, four consecutive episodes from 42 top-rated sitcoms and dramas discovered that alcohol was involved in 77% of all episodes, tobacco 22%, and illicit drugs 20% (Meub, 2011). Adolescents form a large part of the media's audience and can therefore be greatly swayed in the use of substances.

Negative Coping Strategy

Internal factors also create a great impact on adolescent substance use. Research suggests that adolescents who have negative mood states,

such as depression, dysthymia, and anxiety, have a higher risk of substance use. For adolescents, substance use is a form of emotional coping to manage stressors. It is a way to handle the situation and create balance in their life. A study conducted for incarcerated youth found that anger expression and avoidant coping was concurrent to substance use (Eftekhari, Turner, & Larimer, 2004). Wallis (2010) explains that adolescents who undergo a traumatic event are more likely to engage in substance use. It is a self-medicated way to avoid the stress and memories of the event. The author also states that a victim of bullying has a high risk of substance use. Those who have feelings of low self-esteem, depression, and lack of support turn to a negative coping skill and participate in substance abuse.

Many times, engaging in substance use is a result of adolescent impulsivity combines with a lack of social support. Drugs are a form of extreme coping in stressful situations. Additionally, adolescents are usually unaware of social service agencies that offer support services and treatment. Human service agencies have implemented different types of treatment programs to help adolescents develop active coping strategies and diminish the use of drugs and alcohol. These programs use methods such as Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) and Family Therapy to help adolescents incorporate healthier skills.

Current Effective Treatment Methods in Working with Adolescents

Motivational Interviewing (MI)/ Motivational Enhancement Therapy (MET).

Motivational Interviewing (MI) is a theoretical approach to treatment that has been proven to be especially effective in working with persons suffering from substance abuse issues and addiction. Stemming from Carl Roger's client-centered approach to intervention, MI focuses on unconditional positive regard, collaboration between client and therapist, and a non-confrontational approach towards the client. This type of treatment has been proven to be effective when working with people who have developed resistance to treatment. Adolescents in particular benefit from this theory of treatment based on their likelihood to resist or be unmotivated in treatment. MI uses the client's resistance and ambivalence to contribute to his or her treatment. Instead of focusing on abstinence of drugs, MI utilizes the motivation that he or she has for change. Miller and Rollnick (2002) recognize four general principles of MI that assist in altering the behaviors of the substance abuser. These five principles help to guide the professional when working with a client: 1) Expressing Empathy; 2) Developing Discrepancy; 3) Rolling with Resistance; and 4) Supporting Self-efficacy.

Expressing Empathy assures that the therapist is thoroughly communicating with the client with acceptance and understanding, regardless of what is being said. There should be a great deal of respect and value in the

therapeutic relationship in order to decrease resistance and develop trust. *Developing Discrepancy* challenges the client's expectations by comparing them to his or hers behaviors. For instance, if the client has a perceived future, he or she is encouraged to understand what it takes to get there. The client's drug use may be inhibiting him or her from personal goals; being so, he or she must be aware of this and understand the inconsistency of their beliefs and actions. *Rolling with Resistance* is to be considerate of the client's ambivalence as a normal stage of change. The client is encouraged to consider new perspectives, but the therapist should not impose his or her values on the client. In *Supporting Self-efficacy* the therapist encourages the client to believe that change is possible. A modification of clients' language is also important; there should be such an implementation of change language, such as hope, commitment, desire, and a need for change.

In understanding Motivational Interviewing, it is also important to recognize the specific behaviors of substance abusers and their motivations for change. Prochaska and DiClemente (1982) have classified change behaviors into 6 main stages, known as the Stages of Change (as cited Fisher & Harrison, 2013). It is important to understand that a drug abuser is consistently altering their perception of the problem, and can be in various stages at any given time. These six stages help within the context of intervention by assisting the professional in understanding how the client may react depending on which stage he or she is in: 1. Pre-contemplation;

2. Contemplation; 3. Determination/Preparation; 4. Action; 5. Maintenance; and 6. Relapse.

Pre-contemplation is the stage in which the individual has no plan to change or may not be aware that there is any problem in their substance use. If any problem occurs, the blame is usually imposed onto others instead of one's self. *Contemplation* is a mild inclination to make changes or a slight awareness that there is a problem. The idea that becomes developed is that there may be some benefit in reducing the negative effects of substance use. *Determination/Preparation* involves developing a plan to change. The individual may begin to clarifying what types of changes must be made in order to make improvements, such as changing the environment. *Action* is the noticeable and considerable changes that the individual has made in his or her behaviors. Previous behaviors that have caused issues are now replaced with healthy activities. A serious commitment must be made in order to reach the stage of action; the individual must make conscious decisions in order to make significant changes. It is believed that *maintenance* occurs only when the individual has spent at least 6 months within the action stage. The client should be aware of the situations that could possibly disrupt their progress. Clients who lack commitment to a healthy lifestyle risk worsening their condition; this can lead to a drug or alcohol relapse. *Relapse* is seen as a foreseeable part of an individual's addiction. In treatment, it is important to be aware of this stage and have the ability to be prepared for it. At relapse, it is

imperative that the individual develop a new approach to treatment or recovery. The individual should review what has led to the relapse in order to develop a plan should this happen in the future.

Motivational Enhancement Therapy (MET) is the practice of the MI theory. Many studies have confirmed the successful use of MET when working with young drug users. There are many aspects to Motivational Interviewing that allow it to be especially beneficial for this population. Adolescents feel engaged in treatment and are more likely to be compliant with interventions. Teens also become less defensive of their drug use with MET, which decreases the pressure a client may feel to make changes.

One particular study that provided significant results was the Cannabis Youth Treatment Study. Conducted by Dennis et al. (2004), the study evaluated trials of brief interventions consisting of MET and Cognitive Behavior Therapy. A total of 600 participants were evaluated within 2 randomized trials. The participants were assessed with pre and post assessments; after 12 weeks, the study showed significant improvements in days of abstinence among participants, and increase in the number of adolescents in recovery (Dennis et al., 2004).

Another study conducted by Carroll et al. (2006) provided significant results after a MET and CBT intervention. This study developed an intervention that consisted of developing a motivation for change, and implementing skills to reduce marijuana use. Individual sessions were

provided over eight-weeks and provided significant changes on treatment compliance and marijuana-free urinary analysis (Carroll et al., 2006). After six months, participants continued to reduce their marijuana use compared to the other participants who received alternate treatments.

Martin and Copeland (2008) assessed the efficacy of brief motivational interviewing among cannabis users. A total of 40 adolescents who used cannabis participated in this study and were assessed after three months. The study consisted of a control group, and a group that received brief interventions of MET. The study group showed improvement by decreasing days of marijuana use, decrease in average weekly marijuana use, a reduction in the number of DSM-IV dependence symptoms (Martin & Copeland, 2008).

Finally, a study was conducted to assess for MET and its impact on teenage tobacco use. Colby et al. (1998) reviewed a brief MI intervention within a hospital setting. Clients were provided with MET along with individual feedback about the effects of smoking. At the three-month follow-up, the treatment group produced higher rates of abstinence compared to the control group. The treatment group also showed a decrease in dependence in tobacco, and a decrease in the number of days he or she used (Colby et al., 1998).

Cognitive-Behavioral Therapy

Cognitive-behavioral therapy (CBT) is defined as interventions, based on behavioral therapy, with a purpose to change the behavior by modifying

incoherent or critical thoughts (Goldenberg & Goldenberg, 2013). CBT can be used for a variety of issues and it works for many populations.

Cognitive-behavioral therapy understands substance use and associated issues as learned behaviors that are brought from environmental factors (Waldron & Kaminer, 2004). Adolescents work well with this type of therapy because it is brief and present/future focused. Waldron & Kaminer (2004) explain that CBT brings a variety of interventions that aid adolescents overcome their substance abuse problems. These interventions consist of “self-monitoring, avoidance of stimulus cues, altering reinforcement contingencies and coping skills training... other skill focus interventions, mood regulation, and relapse prevention” (p. 99). The role of the social service practitioner is to model the behavior, provide feedback, and have homework assignments to help the adolescent in treatment (Waldron & Kaminer, 2004).

Multidimensional Family Therapy

An evidence-based model for adolescents is the multidimensional family therapy. This method works with the parents and their parenting style, learn to distinguish between influence and control, and provide a more positive, appropriate influence on the adolescent (Fisher & Harrison, 2013). Liddle (2010) describes Multidimensional Family Therapy (MDFT) as a family-based approach for treating adolescents with substance abuse. This method was developed in 1985 and has been used for a variety of populations. MDFT focuses on creating rapport individually with the

adolescent and the parent through individual counseling. The main idea is to change family interaction and work on the family's social context. Studies have shown that youth that have MDFT treatment decrease their drug use between 41% and 66% from the beginning to the end of treatment (Liddle, 2010).

Theories Guiding Conceptualization

The most important theories to consider when working with adolescents are General Systems Theory (GST) And Family System's Theory. In analyzing research about adolescents, it is important to recognize the multiple factors that are involved when assessing the causation of substance abuse. General System Theory is the idea that all living things interact in unity and organization (Goldenberg & Goldenberg, 2013). Wallis (2013) points out that systems interact, "influence, regulate, and stimulate each other, but cannot necessarily be understood in isolation from one another" (p. 13). A system also attempts to regulate itself should any change occur; its attempt to maintain homeostasis is notable when concentrating on the period adolescence. Adolescents face rapid change, and therefore attempt to maintain regulation in the context of a system. Additionally, systemic factors such as the education system, the legal system, and the individual's fellow peers who act as a system, determine and have a great influence on the child's behavior. The constant deregulation in the system could also be causation for continued use in attempting to cope with these sudden changes.

Acknowledging these greater influences is also fundamental in developing what works within treatment methods.

In considering adolescent influence, it is imperative to also examine the teen in the context of the family. As explained in Goldenberg and Goldenberg (2013), Murray Bowen believes that the family system drives and determines all human behavior. The significance of familial relationships and the process of balancing these relationships within the social environment are important when assessing adolescent behavior. The 8 major concepts that make up the theory are: 1) Differentiation of Self; 2) Triangulation; 3) Nuclear Family Emotional System; 4) Family Projection Process; 5) Multigenerational Transmission Process; 6) Emotional Cutoff; 7) Sibling Position; and 8) Societal Regression.

From the eight concepts, Wallis (2013) points out the three major concepts to consider in treatment with adolescents: 1) Differentiation of Self; 2) Triangulation; and 3) the Nuclear Family Emotional System. *Differentiation of Self* is the ability of an individual to separate their emotional functioning from their intellectual functioning. In doing this, the individual also has the capacity to create independence from the family. At adolescence, the teen may not yet have the ability to differentiate, therefore causing issues within the family and the individual. *Triangulation* occurs when there is tension occurring in a relationship, and a third party is merged in order to decrease the tension between the two parties. It often occurs that the child becomes triangulated

with his or her parents' issues; which may either contribute or be the cause of the teen's substance abuse. Additionally, the issue of drug abuse can be the primary focus within the family, consequently ignoring other issues that may be present within the system. Finally, a *Nuclear Family Emotional System* occurs when two unstable and undifferentiated individuals create a family, resulting in a disorderly system. In the nuclear family emotional system, instability creates conflict among all members. The system will attempt to reduce tension in order to maintain homeostasis; the product is greater distancing, arguments, and dysfunction. Adolescents who have been raised in a nuclear family emotional system have experienced insecurities in the systems structure; these teens are acting out with substance abuse in order to gain notice or recognition within the system. Although a multitude of factors contribute to the child's drug use, the family system greatly contributes to his or her behaviors (Wallis, 2013).

Summary

This review of literature hoped to address the important factors contributing to adolescent substance abuse. Familial issues, peer influence, and various media are all influential. Adolescents are constantly interacting with their environment and will imitate these behaviors. Studies also assess current approaches to treatment that have proven to be effective when working with adolescents. These approaches seem work best with this population because of the brief period of therapy, and the clinician's role as a

motivator of change rather than authoritative figure. Understanding the background of this issue will help current clinicians implement the most effective treatment methods to provide evidence-based services to adolescents.

CHAPTER THREE

METHODS

Introduction

This chapter discusses the methods that were utilized in conducting this research. In exploring what works in substance abuse treatment for adolescents, we will explain the specific design of the study and the participants who were involved. We will also discuss how the data was collected, the procedures of the research, and the type of instrument that was used. Finally, we will explain how the subjects involved were protected and the way in which the data was analyzed.

Study Design

The purpose of this study was to explore beliefs about the current treatment methods among clinicians working with adolescents who abuse drugs. In order to gain useful insight into the experiences of professionals, this study utilized a qualitative approach to research. The professionals were interviewed with open-ended questions that have been constructed by the researchers. Interviews are believed to provide a subjective narrative of the professional's perceptions and beliefs about adolescent behavior.

In conducting this study, the limitations included a small sample size. This study hypothesized that there was a pattern amongst clinicians' perspectives about effective treatment for adolescents. By identifying a pattern

of treatment among these professionals, the researchers hoped to understand how to improve future treatment approaches for teens.

Sampling

The sample was obtained from fourteen professionals from Jewish Family Service of the Desert. These participants were required to have experience in providing treatment for adolescents who have had issues with substance abuse. The participants were diverse in their professional background and age. Participants had various professional backgrounds including Licensed Marriage Family Therapist, Licensed Clinical Social Workers, Marriage Family Therapist Interns, Associate Clinical Social Worker, Marriage Family Therapist Trainees, Social Work Trainees, and a Certified Alcohol Drug Counselor intern. Trainees are clinicians who are currently working on getting their Master's degree. The majority of the participants were female. All participants are highly functioning, healthy adults.

Data Collection and Instruments

The instrument we utilized in conducting this research consisted of five close-ended questions and nine open-ended questions (see Appendix A). The participants were inquired about their specific experience in working with adolescent clients. They were also asked to specify the common drugs their clients use, and the apparent rationalization for their client's drug use. In addition to this, the professionals were asked to identify what they believe is

effective in improving the teens' progress. Finally, they were asked about what future improvements can be made in treatment to make significant changes in adolescent drug behavior.

The questions were derived and constructed by the researchers. The instrument was created in order to avoid bias or leading questions. Being that the questions were non-leading, we hoped to gain a subjective perspective based on the professionals' personal experiences. The tool was tested at face validity; various licensed clinical social workers have reviewed the instrument while providing feedback for improvements. A limitation to this instrument was that it had not been consistently utilized to measure what works in treatment for adolescents with substance abuse issues. It also produced limited findings for this field of practice.

Procedures

The data was gathered through fifteen-minute interviews with participants. In order to obtain the data, researchers informed the participants about the study through distributed flyers and emails within the agency. The flyer included the purpose, time, and benefits of participating in the study. Interviews were held in the Palms Springs office, primarily on two designated dates in which clinicians were available. Due to some clinicians' occupied schedules, appointments were scheduled as necessary. The researchers of this study administered the interviews as a team. When conducting the interviews, participants were given an informed consent document (see

Appendix B), which provided the purpose of the study and expectations of the interview. When signing this document, participants agreed to be audio recorded and were informed that all their information was kept confidential. They were also given instructions on how to obtain the data results. After the interview, participants were provided with compensation for their participation. In addition to this, participants received a debriefing statement that provided them with an opportunity to obtain resources as needed (see Appendix C).

Protection of Human Subjects

Participants were provided with an informed consent document prior to the interview. This document assured the participant of complete anonymity while keeping their identity confidential. In conducting this research, interviews were audio recorded on a voice-recording device. The participants were not required to disclose any personal information. Researchers were able to identify participants with a provided code; the code was made up from the participant's birth year. Participants were assured that these voice-recordings were protected in a lock box; no persons other than the researchers would have access to this data. Once the data was thoroughly analyzed, the voice recordings were permanently deleted. Any additional hand-written notes that were collected during the interview were also permanently destroyed. At the conclusion of the interview, participants were also given a debriefing statement with information on counseling services if needed.

Data Analysis

After the interviews were completed, researchers listened to the recordings multiple times to catch a glimpse of common themes in the participants' responses. These responses were then divided into categories of common themes. For example, several respondents stated that familial involvement in treatment is effective for assisting adolescents with substance abuse issues. These various themes demonstrated similarities among clinicians' personal experiences in working with this population. Some of the responses were quoted directly in this thesis. These quotes validate the themes that came up in conducting this analysis. The results of this study were then inputted into tables to develop a graphic representation of the results. Tables give the reader a visual representation of effective treatments for adolescents with substance abuse issues. The results of the study will be available at the California State University, San Bernardino library in December 2014.

Summary

The purpose of this proposed study was to explore clinicians' beliefs about substance abuse in adolescents and what works in treatment. The participants were fourteen clinicians from Jewish Family Service of the Desert who vary in professions such as Licensed Marriage and Family Therapist, Licensed Clinical Social Workers, interns, and trainees. This study was a qualitative research and each participant was individually interviewed for

fifteen minutes. The results of this research provide evidence of effective treatment for adolescents with substance abuse issues.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the results of the fourteen face-to-face interviews that were conducted for this study. The researchers chose to analyze the qualitative data by disseminating the results into tables. Quotes were chosen that were believed to be best representative of what works in treatment for adolescents. In order to examine the data, the researchers began by organizing the participants' quotes into 5 categories: People, Places, Behaviors/Things, Ideas, and Themes (see Appendix D). These five categories allowed the researchers to further identify the prominent responses that were elicited from the participants. Once emphases began to emerge, the data was further condensed in order to include only significant and valuable participant quotations. Four core domains were established that indicated positive treatment outcomes for adolescents. The four core domains that were conceptualized included: Family Involvement; Identifying Interests and Fostering Strengths; Building Rapport and Trust with Clinicians; and Theories and Approaches for Treatment. The following tables are the presentation of the four core domains for this study.

Presentation of the Findings

The following table (Table 1) shows the demographic information of the participants of the study. The demographic characteristics include gender, age, ethnicity, professional title, continuing education/trainings, and the common drugs the participants have seen in working with the population.

Table 1. Demographic Characteristics

	<u>Frequency</u>	<u>Percentage</u>
<u>Gender of Participants</u>		
Male	4	29%
Female	10	71%
<u>Age of Participants</u>		
25-35	2	14%
36-45	2	14%
46-55	4	29%
56-65	3	21%
66-75	2	14%
<u>Ethnicity of Participants</u>		
Caucasian	10	71%
Hispanic	4	29%
<u>Professional Title of Participants</u>		
LCSW	4	29%
LMFT	2	14%
ASW	1	7%
MFTI	4	29%
MSW Trainee	1	7%
MFT Trainee	1	7%
CADCA	1	7%

	<u>Frequency</u>	<u>Percentage</u>
<u>Continuing Education/Trainings</u>		
Yes	9	64%
No	5	36%
<u>Common Drugs Seen in Adolescent Population</u>		
Marijuana	14	100%
Alcohol	11	79%
Methamphetamines	8	57%
Hallucinogens	1	7%
Ecstasy	2	14%
Cocaine	1	7%
Speed	1	7%
Heroin	1	7%
Tobacco	1	7%
Prescription drugs	1	7%

Table 2. Family Involvement

- “Having some expectations for the parents as well as the adolescent would help for treatment” (Participant 1, personal communication, February 2014).
- “I think there’s a big disconnect in families. More blended families than there were 30 or 40 years ago. Its imperative to identify who is in the family and engage them in the process” (Participant 7, personal communication, February 2014).
- “By parents changing the way they think or behave, the children are going to follow that pattern” (Participant 11, personal communication, March 2014).
- “Encourage communication. Once they start talking to their kids, the kids sooner or later will start to talk” (Participant 3, personal communication, February 2014).
- “Parents ask for help when their children are getting out of control. It has to be a major issue until the parents are involved” (Participant 13, personal communication, March 2014).
- “The parent will say: it’s my child in trouble, why should I be punished; I don’t have any time; I have other kids; I have two jobs” (Participant 9, personal communication, March 2014).
- “History in the family of addiction; they don’t know any other way to be. Socially everyone is doing it” (Participant 5, personal communication, February 2014).
- “If the parent and child learn to interact with each other better so they are both being heard and understood” (Participant 7, personal communication, February 2014).
- “Any familial support that a young child could have is going to be critical” (Participant 8, personal communication, March 2014).
- “If the child sees that the parent is willing to support them, it boosts the child’s motivation and interest in making changes” (Participant 6, personal communication, February 2014).
- “There’s a lot of help in language and how they talk to each other” (Participant 12, personal communication, March 2014).

Table 3. Identifying Interests and Fostering Strengths

- “Having them pay more attention to constructive uses of entertainment, music, art” (Participant 2, personal communication, February 2014).
- “They don’t get an opportunity to express themselves. And when they do express themselves, the parents and teachers don’t understand and get afraid of what they see when the child is just trying to express themselves. It’s very rare that they get to be a kid again; a lot of them have missed out on their childhood; art is just another way to learn how to use coping skills” (Participant 3, personal communication, February 2014).
- “Keeping the kids busy in activities. Helping them to feel important; kids strive for that. And what are they struggling with and how can we help them” (Participant 13, personal communication, March 2014).
- “Ninety-nine percent of adolescents, when they come in here I ask them, ‘what do you do that makes you happy?’ Just like many adults, they may have a list of one. They really don’t know how to do that... I try to elicit help from the parents and helping these kids develop some interests” (Participant 8, personal communication, March 2014).
- “Having alternatives and activities and things that that they’re going to turn to, to replace the drug use” (Participant 6, personal communication, February 2014).
- “Whatever they are interested in; allow them the proper opportunity to explore that and participate in it” (Participant 14, personal communication, March 2014).
- “It’s the age of trying to find themselves” (Participant 9, personal communication, March 2014).
- “Unconditional acceptance of who they are and where they are at” (Participant 10, personal communication, March 2014).
- “Fostering self-worth and self-esteem; ability to have an identity” (Participant 2, personal communication, February 2014).
- “A lot of these kids cannot express themselves. There’s a lot a stress in the home they have not learned to deal with or communicate” (Participant 1, personal communication, February 2014).
- “Adolescents are much more vulnerable to how they look, dress, their weight. Part of the work in therapy is finding out from the client what are their qualities and strengths; what do they enjoy doing and like to do. Once they are identified, then you can direct them into channeling that energy from the substance abuse. Nurture and foster these interests so that it will become a positive reinforcement to her self-image” (Participant 12, personal communication, March 2014).

- “I think first of all in terms of developmental stages, that’s a pivotal time because that’s when their self-esteem is beginning to grow and become the forefront because many have low self-esteem” (Participant 10, personal communication, March 2014).
- “On a cultural level, we need to make an effort to promote more positive adult role models for children and adolescents” (Participant 4, personal communication, February 2014).
- “Incorporating people like teachers, people who are contributing to society in positive ways so that children and adolescents have an expansive view of what success is” (Participant 11, personal communication, March 2014).
- “In the culture today, there’s more pressure in experimenting with drug use. It’s pervasive with high profile celebrities. Its hard to have a lot of positive adult role models” (Participant 4, personal communication, February 2014).
- “Offering them healthy alternatives to use” (Participant 7, personal communication, February 2014).
- “Relational, relationship with oneself and other people is critical” (Participant 13, personal communication, March 2014).

Table 4. Building Rapport and Trust with Clinicians

- “The facilitators need to have a relationship with the adolescent” (Participant 5, personal communication, February 2014).
- “The therapist should get a better picture of the environment that the adolescent is getting raised in; the types of values of parental figures, socioeconomic factors, education, culture are all important when treating a high-risk adolescent” (Participant 14, personal communication, March 2014).
- “Too often I hear quick judgments about these kids. I hear a lot of time, by clinicians, that they are called criminals, or drug addicts, or crack heads. They are a person first, just like with anyone else” (Participant 3, personal communication, February 2014).
- “You have to be very open-minded and very patient to work with this population, because you’re not going to get their trust as quickly as you would

an adult” (Participant 4, personal communication, February 2014).

- “You have to know your population; I think you have to be sensitive to their background and where they’re coming from. I don’t think it’s a one size fits all [treatment]” (Participant 10, personal communication, March 2014).
- “It’s always important to establish a rapport and trust” (Participant 11, personal communication, March 2014).
- “I think it’s important for the clinician to become familiar with what’s popular with the adolescents at that time- whether it’s the music, whether it’s a movie, whatever it is. If you can utilize media at any level in a therapeutic manner you can get their attention and they’ll go with it and they’ll talk about what’s going on” (Participant 1, personal communication, February 2014).
- “Its important to connect to teens with what their dreams are because for them they are so real, its wide open to reaching their dreams” (Participant 14, personal communication, March 2014).
- “The kids have a lot of trust, anger, and abandonment issues; they haven’t had an adult that is honest and consistent... If they see that you are going to turn out like every adult in their life, they are going to step back and build up this wall” (Participant 1, personal communication, February 2014).
- “The lifestyle that a lot of these kids were coming from is so different to my upbringing. For me to make an assumption of what would have worked for me, what my life was like is so different from these kids; some of them are being raised by grandparents, some of them their family members are using in the home. Some of these kids at ages 14 or 15 have witnessed extreme violence, they’ve lost friends, and they’ve witnessed friends being killed. I just think clinicians need to be very sensitive to who they are treating” (Participant 6, personal communication, February 2014).
- “Some clinicians come across so adamant. Yes we have to have healthy boundaries, but if you’re too strict and too regimented, they’re not going to respond well to that” (Participant 8, personal communication, March 2014).
- “Their trauma is a little fresher in their mind. The child, they are going through trauma every day; if it’s not at home, maybe in their school, or on the street” (Participant 9, personal communication, March 2014).
- “There is that lack of support, and I think that starts before the substance abuse has even happened” (Participant 3, personal communication, February 2014).
- “There’s a lack of consistency, support, and communication with the parents. Which creates a distance in the relationship” (Participant 6, personal communication, February 2014).

Table 5. Theories and Approaches

- “Education and giving some tools about how to handle stress and anxiety” (Participant 10, personal communication, March 2014).
- “Psycho-education for the family about the substance abuse” (Participant 8, personal communication, March 2014).
- “Group work. They don’t feel like they are the only one with this issue” (Participant 5, personal communication, February 2014).
- “Family systems theory; because I need to know who the family is, how they are raising this adolescent, and what are they bringing to their parenting skills” (Participant 7, personal communication, February 2014).
- “They love to be with other peers; I think group stuff can be really good. I had some very positive results working with these kids in a group because sometimes they might share their concern about another group member and it helps you to be able to address some things with the other group members. Because they felt they could tell a peer, group members may feel ‘Oh I cant just let them continue going down this road’” (Participant 11, personal communication, March 2014).
- “Recognizing trigger thoughts and negative thinking that lead to use and challenging their irrational thinking” (Participant 4, personal communication, February 2014).
- “Cognitive Behavioral Therapy is helpful in looking at one’s attitude and how one thinks about things. Also looking at their behavioral patterns because a lot times adolescents can be ‘oh well’ about things. I think everyone needs a certain structure and connection” (Participant 13, personal communication, March 2014).
- “Cognitive Behavioral Therapy: I try to teach teens that there are consequences to their behavior. Teaching cause and effect. The co-relational relationship between getting high and what that act will cause by doing that; how the thought processes are connected to the behavior” (Participant 9, personal communication, March 2014).
- “Psycho-education was helpful; a lot of information the youth had not previously had” (Participant 14, personal communication, March 2014).

Summary

The purpose of this study was to identify what works in treatment for teens experiencing substance abuse issues. The responses that were chosen were believed to be the most efficient interpretations of clinicians who have worked with this population. This chapter distributed the clinicians' interview responses into organized tables that represent the researchers' understanding of the data. The four core domains were established as emphases began to emerge from the interview responses. These domains will be utilized to evaluate the data and conceptualize the implications for practice.

CHAPTER FIVE

DISCUSSION

Introduction

This study hoped to identify effective treatment approaches in working with adolescents with issues in substance abuse. This chapter specifically describes the implications of the four core domains that were identified as the outcomes for this study. Additionally, the limitations are presented that were believe to directly impact the analysis of the data. In closing, this chapter will address future recommendations for social work practice, policy and research in hopes to decrease the prevalence of teen drug use.

Discussion

Family Involvement

According to the findings of this study, it is apparent that family involvement is imperative for successful treatment outcomes. This may mean that adolescent recovery could be achieved through a natural support system and the teen may not need the assistance of a professional. Focusing on the family as a unit could be cost-effective in helping adolescents with their recovery because there is no need for individualized services. Additionally, adolescents may be more apt to change if the family is involved in treatment because the family is the environment in which the adolescent is in constant contact. If the adolescent can view a change in his or her environment, then it increases the probability that they will be more capable of making a change in

their behavior. A study participant stated, “If the child sees that the parent is willing to support them, it boosts the child’s motivation and interest in making changes” (Participant 6, personal communication, February 2014). This statement suggests that adolescents may not be getting the attention they need from the family; therefore, when the family is more willing to show interest and build a relationship with the adolescent, then the adolescent is more open to change.

The importance of family involvement in treatment may also imply that family is an important factor in determining the outcome for the teen. For some families, addiction has been experienced throughout several generations. The family may normalize addiction or view it as a personal dysfunction of someone with low willpower; the addiction is then a challenge that the addict has to overcome on their own. If the family is distant and shows no interest in the adolescent’s recovery, then the adolescent may not have any concern for recovery. Furthermore, if the family does become more aware and participates in the adolescent’s recovery process, then recovery may be more important for the teen.

Additionally, adolescents may be in an environment where family members are involved in substance use, so it is difficult to change when the environment is not changing. Hence, environmental changes need to occur and families can achieve this by being involved in the adolescents’ treatment and learning effective interventions and skills for recovery. As a study

participant said, “By parents changing the way they think or behave, the children are going to follow that pattern” (Participant 11, personal communication, March 2014). Unfortunately, some families are not always willing to commit to being a part of treatment. A participant of the study stated, “The parent will say: it’s my child in trouble, why should I be punished; I don’t have any time; I have other kids; I have two jobs” (Participant 9, personal communication, March 2014). Families are unaware that addiction does not only pertain to the adolescent, but rather to the family as a whole.

As social work professionals, it is essential to educate families on the recovery and how family involvement can make a positive impact on adolescent treatment. Education on family involvement should be more apparent in schools and substance abuse facilities that serve adolescents so that professionals can make an emphasis on family involvement in treatment. In practice, professionals should also accentuate the adolescents’ family structure and roles so that the clinician has a better understanding of the family dynamics and how to engage the family in treatment. It is critical to address family in the treatment process and not limit it to biological family, but rather any familial support the individual may have (i.e. brothers, sisters, uncles, aunts, family kinship, step-parents etc). As one of the study participants stated, “I think there’s a big disconnect in families. More blended families than there were thirty or forty years ago. It’s imperative to identify who is in the family and engage them in the process” (Participant 7, personal

communication, February 2014). As a policy change, this study suggests to mandate parents to engage in the treatment process with the adolescents. Many times, school officials or court orders require adolescents to participate in treatment services, but the family is not obligated to participate. Based on the findings of this study, family involvement is crucial to the success of treatment and therefore should obligate the family to be a part of treatment. This could help decrease the prevalence of drug use among adolescents in the community.

Identifying Interests and Fostering Strengths

In conducting this study, we understood substance abuse to be related to both internal and external factors that influence the adolescent. The influential factors that may facilitate substance abuse are: a means to cope with stress, avoid problems, boost their mood, socialization, media portrayal of substance use, peer drug use, and familial drug use. Teens are at an age in which they have difficulty with identifying a sense of self. Erikson's stages of psychosocial development (1968) suggest that adolescence is a developmental stage in which teens are searching for a sense of self-identity outside of who society is telling them to be. In conducting this study, participants conveyed their belief that substance abuse is form of self-identity; moreover, the drug use becomes a vice that creates a sense of belonging within the larger society. "In the culture today, there's more pressure in experimenting with drug use. It's pervasive with high profile celebrities. Its hard

to have a lot of positive adult role models” (Participant 4, personal communication, February 2014). Understanding these contributing factors to substance use, it becomes necessary to facilitate a greater sense of self for teens. Additionally, adolescents should have positive role models who can aid in their identity development. “Incorporating people like teachers, people who are contributing to society in positive ways so that children and adolescents have an expansive view of what success is” (Participant 11, personal communication, March 2014).

Finally, creating a strong confidence in this identity may decrease the individual’s motivation to use drugs. One of the study participants stated:

Adolescents are much more vulnerable to how they look, dress, their weight. Part of the work in therapy is finding out from the client what are their qualities and strengths; what do they enjoy doing and like to do. Once they are identified, then you can direct them into channeling that energy from the substance abuse. Nurture and foster these interests so that it will become a positive reinforcement to her self-image.

(Participant 12, personal communication, March 2014)

In treatment, one of the primary goals would be to identify what the adolescent enjoys to do outside of the substance use. As a participant stated:

Ninety-nine percent of adolescents, when they come in here I ask them, ‘What do you do that makes you happy?’ Just like many adults, they may have a list of one. They really don’t know how to do that. I try to

elicit help from the parents and helping these kids develop some interests. (Participant 8, personal communication, March 2014)

A teen that is using substances should have healthy alternatives to spend their time. Positive coping skills should be praised and valued by the professional. Also, in treatment the teen should have the ability to express their selves openly. According to one of the participants:

They don't get an opportunity to express themselves. And when they do express themselves, the parents and teachers don't understand and get afraid of what they see when the child is just trying to express themselves. It's very rare that they get to be a kid again; a lot of them have missed out on their childhood; art is just another way to learn how to use coping skills. (Participant 3, personal communication, February 2014)

Healthy expression of self may lead the teen to develop a greater sense of identity, which decreases their likelihood of drug use.

Building Rapport and Trust with Clinicians

In conducting this study, a majority of participants recognized a resistance to treatment from adolescents. This resistance was interrelated with the difficulty that arose in creating a trusting relationship between the professional and adolescent. It was suggested that adolescents have a difficult time in creating relationships because of their uncertainty of adults. A reason for their uncertainty may be that a majority of adults within their life have

placed judgment on their negative choices. “Too often I hear quick judgments about these kids. I hear a lot of time, by clinicians, that they are called criminals, or drug addicts, or crack heads. They are a person first, just like with anyone else” (Participant 3, personal communication, February 2014).

Negative judgments could make the adolescent develop a self-fulfilling prophecy, which means they begin to live up to the labels that are given to them. Furthermore, it was suggested by our participants that an inconsistent home life could be related to a distrust of adults:

The kids have a lot of trust, anger, and abandonment issues; they haven't had an adult that is honest and consistent...If they see that you are going to turn out like every adult in their life, they are going to step back and build up this wall. (Participant 1, personal communication, February 2014)

In understanding this concept, this may suggest that a lack of trust leads to poor outcomes for the adolescent. Additionally, unconditional positive regard and acceptance is imperative to aid in gaining rapport. In treatment, acknowledging that there is a lack of trust, professionals should model a consistent and trusting relationship for the teen to use these skills for future relationships.

As a professional providing treatment, it becomes critical to develop empathy for the client's individual experience as an adolescent:

The lifestyle that a lot of these kids were coming from is so different to my upbringing. For me to make an assumption of what would have worked for me. What my life was like is so different from these kids; some of them are being raised by grandparents, some of them their family members are using [drugs] in the home. Some of these kids at ages 14 or 15 have witnessed extreme violence, they've lost friends, and they've witnessed friends being killed. I just think clinicians need to be very sensitive to who they're treating. (Participant 6, personal communication, February 2014)

This may suggest that adults make presumptions about the adolescent's personal life. Professionals and adults in general may not take the time to understand the interpersonal difficulties and experiences that the teen is facing. Participants suggest that this indifference to the adolescent may be what is both causing the teen to abuse substances, and continue using. "There is that lack of support, and I think that starts before the substance abuse has even happened" (Participant 3, personal communication, February 2014). A healthy rapport with a professional creates a supportive environment that the teen may be lacking in other areas of his or her life. Participants also suggest gaining better knowledge of this stage of development altogether in order to provide the best treatment for this population. "You have to know your population; I think you have to be sensitive to their background and where

they're coming from. I don't think it's a one size fits all [treatment]" (Participant 10, personal communication, March 2014).

Theories and Approaches in Treatment

There are several theories and approaches that the participants identified to be more effective in working with adolescents with substance abuse issues. One of the theories that was identified as efficient in treatment was Psycho-education, both for the adolescent and the family. This may imply that adolescents are not consciously aware of the components of the drugs and/or the consequences it may have to their physical, emotional, and cognitive development. It may also mean that adolescents are not obtaining their information from reliable sources since they are more likely to receive information about drugs from peers. It is therefore critical to educate adolescents on the impact that drugs make on their development. One of the participants from the study said, "Psycho-education was helpful; a lot of information the youth had not previously had" (Participant 14, personal communication, March 2014). For social work professionals, it is apparent that the community in general lacks proper information on the current drugs and how these drugs are negatively impacting the youth. Professionals and the community need to be educated on the most present drug information and consequences for drug use.

Another theory that was prevalent in effective treatment was Cognitive Behavioral Therapy. This shows that adolescents lack understanding of how

their feelings impact their behavior. As discussed in the literature review, adolescents may use drugs as a form of coping when facing difficulties in their environment. Adolescents seem to lack proper ways to cope with issues and therefore feel the need to escape reality. One of the participants from the study stated:

Cognitive Behavioral Therapy is helpful in looking at one's attitude and how one thinks about things. Also, looking at their behavioral patterns because a lot of times adolescents can be 'oh well' about things. I think everyone needs a certain structure and connection. (Participant 13, personal communication, March 2014)

In practice, teaching adolescents to brainstorm other positive coping behaviors can help the adolescent with their issues and decrease the drug use for the teen. In addition, professionals should teach adolescents to identify their automatic negative thoughts and how this relates to their emotions and behaviors.

An approach to treatment that seems to be helpful for this population is group work. One of the participants of the study suggested, "Group work; they don't feel like they are the only one with this issue" (Participant 5, personal communication, February 2014). This may imply that adolescents feel alone in their issues and may not recognize that other teens experience similar emotional difficulties. It may also mean that since adolescents are in a stage of developing a sense of self, socialization is important in learning to help and

support one another. Prior to involving teens in group work it is important to determine when group work is appropriate for teens. There may be instances when the teen is able to process a feeling or event more efficiently in an individual setting rather than a group setting. Nevertheless, group work helps the adolescent to identify with other peers. It is imperative to educate social work professionals on how to effectively run group activities and how to address substance abuse within a group setting.

Limitations

Various limitations emerged while conducting this research, which possibly cause an effect on the given results and findings. The limitations should be acknowledged when interpreting the product of this study. The most apparent limitation that was found was the absence of participation from multiple agencies that provide adolescent treatment. Researchers were limited to the availability of agencies to be studied; therefore, only one agency perspective was analyzed. If more agency perspectives were provided, the researchers may have gained a more valid outcome that could have impacted the results of this study. In addition to this, the participants involved showed a lack of current professional experiences within the field of adolescent treatment. Some participants had outdated knowledge of treatment or had not worked within this field for a number of years. Being so, the treatment they suggested may not apply to existing issues amongst this population. Also, the

participants showed a deficit in their overall experiences with teens, which may have influenced their opinion of effective treatment.

In considering the demographics of the participants, the researchers recognized a lack of cultural diversity. The majority of the participants involved were female (71%), Caucasian (71%), and between the ages of 46-55 (29%). A lack of cultural diversity may indicate a disconnect of cultural awareness. Being that there is a vast majority in a specific ethnic group, there may be an inclination towards similar therapeutic approaches based on their values and ideological background. Due to a small sample of minorities, there is also a misrepresentation of the overall ethnic population within the community.

Since this study was conducted at a small non-profit agency, the setting may have influenced the specific interventions expressed by the participants. The agency offers an Intensive Outpatient group for adolescents, and the interventions that are used derive from both Cognitive Behavioral Therapy and Psycho-education. It could be that the clinicians were influenced by the approach the agency takes for adolescent treatment. Furthermore, although the clinicians stated that they had regularly attended conferences or trainings, the researchers did not inquire about whether these trainings were specific to substance abuse education. Had there been more training for these participants on substance abuse awareness, the findings could have been more expansive and specific to current treatment methods.

While conducting this study, it became evident that the interview questions did not inquire about methods in how to implement effective treatment. For example, researchers identified that family involvement was critical to teen recovery. However, it was not assessed how to successfully engage the family in treatment. Because of this, researchers recognized that although clinicians may suggest valuable treatment approaches for adolescents, these suggestions might not always be reasonable or attainable. For future research, it is recommended that clinicians be asked about their ideas of the process in engaging the family, and how to reasonable acquire the family's participation.

Finally, it is important to acknowledge that the researchers based this study on personal experiences within the field of adolescent substance abuse treatment. The researchers' cultural background and individual values could have had an influence on what was suggested as effective methods of treatment. Being that the researchers constructed the interview questions, this may have had influence on the participants' responses.

Recommendations for Social Work Practice, Policy and Research

The social work profession should continue research in effective treatment methods for adolescents with substance abuse issues. The prevalence of adolescent drug use is alarmingly increasing consistently in our society. The high rates of drug use among this population can significantly

impact the cognitive and emotional development of the teen. Proper treatment approaches are critical to decrease the prevalence rates of substance abuse for adolescents. In practice, the social work professional should be more educated about this population and how to approach treatment in order to provide more effective outcomes. Specific interventions should encompass family involvement and trusting relationships. Additionally, professionals should be knowledgeable about family dynamics and be up to date in current drug trends within our society.

For policy change, professionals could improve treatment outcomes by implementing mandated parental involvement. This could be possible by incorporating policies that obligate parental participation when the adolescent is required to fulfill substance abuse services. Integrating the family in treatment will enhance a healthy family relationship and support the recovery of the teen.

Conclusions

Overall, the findings of this study assist in understanding the effective treatment methods for adolescents. There were four themes that addressed what works for teens: involvement of the family, assisting adolescents in identifying strength and interests, building rapport, and understanding suitable theoretical approaches for this population. This study hopes to provide some awareness and guidance for this larger societal issue. In order to enhance the

services for adolescents, further research should be conducted that includes a multitude of agencies and professional who provide services.

APPENDIX A
DATA COLLECTION INSTRUMENT

Research Tool: Interview Questions

Section A: Demographics

- What is your birth year?
- What is your level of education/degree?
- What is your job description?
- Do you regularly attend conferences?
- What is racial identity?
- What is your experience in working with adolescents with substance abuse issues?
- What are the common drugs you've seen with this population?
- What do you believe are the common reasons for adolescents using substances?

Section B: Qualitative Interview

- What works in treatment when working with the adolescent population?
 - How does family and family structure influence effective treatment?
 - What theory or practice do you feel accommodates this population?
 - What are some positive coping behaviors that seem to help adolescents in treatment?
 - How does age influence the client's treatment?
- What future treatment improvements do you recommend for clinicians who are working with this population?

Developed by Stephanie Araiza and Alma Hernandez

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate clinicians' beliefs about what works in substance abuse treatment among adolescents. This study is being conducted by Stephanie Araiza and Alma Hernandez under the supervision of Dr. Thomas Davis, Associate Professor in the School of Social Work at California State University, San Bernardino. This study has been approved by the School of Social Work Institutional Review Board Subcommittee, California State University, San Bernardino. In this study, you will take part in a fifteen to twenty minute interview. You will be given the opportunity to discuss effective treatment approaches that you have experienced in working with adolescents who have issues with substance abuse. Researchers will only interview participants once.

In this study, your responses will be audio recorded for research purposes. You will not be required to disclose any personal information. You can be assured that researchers will protect these recordings in a locked box; no persons other than the researchers will have access to this data. Participating in this study is completely voluntary. You are free to choose to take part of the study, or stop at any point. You are also free to not answer any question without fear of penalty or loss of benefits. This study may expand your knowledge and awareness about effective treatment methods for teens. There are no anticipated risks in this study. The results of the study will be available at the California State University, San Bernardino library after December 2014.

If you have any questions or concerns about this study, please feel free to contact Dr. Thomas Davis at (909) 537-3839.

The "X" in the space below states that I have read and understand the consent document, I am over 18 years of age, and I agree to participate in your study.

PLEASE DO NOT SIGN OR WRITE YOUR NAME.

"X" Here

Date

The "X" in the space below states that I understand and agree to have this interview audio recorded for the purposes of this study.

"X" Here

Date

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

We would like to thank you for your participation in this study. The purpose of this study is to explore clinicians' beliefs about what works in substance abuse treatment among adolescents. This data will allow us to identify what works best with this population in order to decrease substance abuse among teens. We hope that this study will improve future treatment for adolescents. If you have any questions or concerns about this study, please feel free to contact Dr. Thomas Davis, at (909) 537-3839.

If those questions create any feelings that you would like to discuss further with a counselor or therapist, please contact the following resources listed below. You can obtain the results of this study from the John M. Pfau Library at California State University, San Bernardino in December, 2014.

<p>2-1-1: Riverside County's primary source for community, health, and assistance information.</p> <p>Service provided 24 hours a day, 7 days a week.</p>	<p>HELPLine, is a free confidential crisis/suicide intervention service.</p> <p>HELPLine staff also provides educational workshops to professionals and students. It also serves as a information and referral number.</p> <p>Service provided 24 hours a day, 7 days a week.</p> <p>(951) 686-HELP</p>
--	--

YOU MAY KEEP THIS FORM

THANK YOU FOR YOUR CONTRIBUTION

APPENDIX D
RAW DATA TABLES

TABLE 1. PEOPLE

<p>“Involving family provides support for what the adolescent is going through.”</p> <p>“The parents need a little education too, it puts everyone on the same level.”</p> <p>“The facilitators need to have a relationship with the adolescent.”</p> <p>“It would help if there were some groups or individual therapy for parents; it’s a family issue, not only the teenager.”</p> <p>“For treatment, I think its the teen’s parents telling them what to do, but what does the child want?”</p> <p>“Having some expectations for the parents as well as the adolescent would help for treatment.”</p> <p>“Its important for the child to get one-on-one interaction with someone that is not going down the same path they are going.”</p> <p>“I think there’s a big disconnect in families. More blended families then there were 30 or 40 years ago. Its imperative to identify who is in the family and engage them in the process.”</p> <p>“On a cultural level, we need to make an effort to promote more positive adult role models for children and adolescents.”</p> <p>“Incorporating people like teachers, people who are contributing to society in positive ways so that children and adolescents have an expansive view of what success is.”</p> <p>“Family is incredibly influential.”</p> <p>“I can teach the child coping skills, but it makes it a lot easier if mom is sitting in the room, the dad is sitting in the room, participating and showing that they care.”</p> <p>“When you get parents involved with them doing some of these things [sports], it helps build their self esteem and they’re willing to try more.”</p> <p>“Parents need to be open with their kids and encourage them to talk; not be closed minded.”</p> <p>“Get around kids that don’t use, which is hard unless you have access to some structured activities with others.”</p> <p>“By parents changing the way they think or behave, the children are going to follow that pattern”</p> <p>“Encourage communication. Once they start talking to their kids, the kids sooner or later will start to talk.”</p> <p>“I refer them to parenting classes, but they usually don’t go, which is a shame.”</p>
--

"Their peer groups were using, and those tended to be their triggers. Always being around peers who were using so they were encouraged to keep using."

"Parents make the drugs or alcohol readily available, and they don't have education about it either."

"The teen sees: it's okay for everyone else to use, but not me."

"Parents are not aware, or choose not to be aware."

"Lack of family communication."

"Parents ask for help when their children are getting out of control. It has to be a major issue until the parents are involved."

"In the culture today, there's more pressure in experimenting with drug use. It's pervasive with high profile celebrities. Its hard to have a lot of positive adult role models."

"If there is no relationship with the facilitator, the treatment is not going to work"

"Substance abuse is a family issue"

"There's been numerous times that we tried to do a parent support group, and the parents do not follow through."

"The parent will say: it's my child in trouble, why should I be punished; I don't have any time; I have other kids; I have two jobs."

"Many of them have the support of older siblings who are using"

"In the group, we didn't have the family involvement and I felt like that was a big component that was missing because a lot of the time we try to change their situation but nothing at home is changing."

"I think a lot of it is fitting in. A lot of social pressures to do whatever you're going to do to have fun."

"Some clinicians come across so adamant. Yes we have to have healthy boundaries, but if you're too strict and too regimented, they're not going to respond well to that."

"If mom and dad continue to abuse any substance, its very difficult to convince the teenager that they should not."

"Drug use starts with rigid parents. If parents were not so rigid, if they were a little more flexible, then kid wouldn't have to sneak out and lie"

"History in the family of addiction; they don't know any other way to be. Socially everyone is doing it."

TABLE 2. PLACES

“Out in the desert, there’s not too much to do. The use is more out of boredom.”

“The types of drug they use I think depends on what they are exposed to. I think it’s definitely geography.”

“If you’re going to talk about inpatient care, where they are going to go to a treatment center, where they’re going to do a 90 day program, and be completely immersed in a program, that would probably be very helpful.”

“Some kids do very well with faith-based support through church.”

“I refer teens to meetings.”

“I really believe in outpatient treatment.”

“A lot of the treatment takes place in the community. There ought to be teen centers or community centers.”

“Intercity gang behaviors lead to pressures to do any number of things, including doing drugs”

TABLE 3. THINGS/BEHAVIORS

“Education about substances in general.”

“Education and giving some tools about how to handle stress and anxiety.”

“A lot of times they are not even aware of what they are into.”

“Having them pay more attention to constructive uses of entertainment, music, art.”

“Reaching out to friends and doing things with friends.”

“Dialectical Behavioral Therapy. I think trying to introduce the rational thought at a younger age; not acting impulsively.”

“Art therapy; they don’t get an opportunity to express themselves. And when they do express themselves, the parents and teachers don’t understand and get afraid of what they see when the child is just trying to express themselves. It’s very rare that they get to be a kid again; a lot of them have missed out on their childhood; art is just another way to learn how to use coping skills.”

“Group work. They don’t feel like they are the only one with this issue.”

“Offering them healthy alternatives to use.”

“Probation is what motivates the client to do the program.”

“Express what they are feeling and going through.”

“Keeping the kids busy in activities. Helping them to feel important; kids strive for that. And what are they struggling with and how can we help them.”

“Family systems theory; because I need to know who the family is, how they are raising this adolescent, and what are they bringing to their parenting skills.”

“Ninety-nine percent of adolescents, when they come in here I ask them, ‘what do you do that makes you happy?’ Just like many adults, they may have a list of one. They really don’t know how to do that... I try to elicit help from the parents and helping these kids develop some interests.”

“Having alternatives and activities and things that that they’re going to turn to, to replace the drug use.”

“Being involved in the community; they don’t really have anything else to be involved.”

“A 12-step program is something they can rely on and something that they can adopt; having a sponsor and having that support network.”

“I think some kids do well in 12 step meetings, if they’re older teens.”

“Doing a genogram to look back to see if substance abuse dependence is part of their family and how its affecting them as well.”

“The treatment has to be tailored at the age as well”.

“Psycho-education for the family about the substance abuse”

“They love to be with other peers; I think group stuff can be really good. I had some very positive results working with these kids in a group because sometimes they might share their concern about another group member and it helps you to be able to address some things with the other group members. Because they felt they could tell a peer, group members may feel ‘Oh I cant just let them continue going down this road’.”

“Solution-focused, Cognitive Behavioral Therapy and behavioral therapy.”

“It depends on the age; if they have abstract thinking you could do the CBT more effectively. If not, then you’re doing behavioral and some solution focused”

“If you can set up your treatment to involve a group setting, make it structured, set up some clear boundaries but make it fun, that’s a good breakdown.”

“Family therapy—to address the underlying parenting issues or lack of supervision, or inability to communicate with mom or dad.”

“Empathic role playing—‘What would you feel if?’ ‘What would you tell a friend if?’”

“Recognizing trigger thoughts and negative thinking that lead to use and challenging their irrational thinking.”

“Systems. Once I explain to parents how whatever they are doing they learned from their parents, and they learned it from their parent. Once I show them, through genogram, the problem started three generations back and now they are doing the same thing.”

“Treatment depends on which stage the teen may be at. Sometimes I get referrals when the young person may have some awareness that it’s a problem.”

“Adolescent 12 step programs can be helpful”

“Relational, relationship with oneself and other people is critical”

“Cognitive Behavioral Therapy is helpful in looking at one’s attitude and how one thinks about things. Also looking at their behavioral patterns because a lot times adolescents can be ‘oh well’ about things. I think everyone needs a certain structure and connection.”

“Assertiveness is important”

“Learning other ways of dealing with stress, such as relaxation.”

“Being aware of self-help programs; either attending one or reading about them to be aware of the steps.”

“Pets can be a nice way of feeling a sense of connection.”

“Annual trainings on the latest drugs, the latest substance that are available over the counter, keeping up on prescription drugs that have some sort of street value in terms of the effect the substance has.”

“Clinicians need to be prepared to work in the community, to be involved with schools and police to address the community issue.”

“Have training on adolescent development and cultural differences.”

“A lot of teenagers that are using drugs don’t really have anything else to do.”

“A lot of the times its self-medicating.”

TABLE 4. IDEAS

<p>“The therapist should get a better picture of the environment that the adolescent is getting raised in; the types of values of parental figures, socioeconomic factors, education, culture are all important when treating a high-risk adolescent.”</p> <p>“A lot of the drug use is to escape feelings and when we can get them to talk about feelings I think that’s very positive, that they accept feelings, even negative feelings, that’s part of the human experience and helping them see that.”</p> <p>“Focusing on the present, the here and now, and what to do about it.”</p> <p>“There’s a lot of help in language and how they talk to each other.”</p> <p>“If the parent and child learn to interact with each other better so they are both being heard and understood.”</p> <p>“Too often I hear quick judgments about these kids. I hear a lot of time, by clinicians, that they are called criminals, or drug addicts, or crack heads. They are a person first, just like with anyone else.”</p> <p>“You have to be very open-minded and very patient to work with this population, because you’re not going to get their trust as quickly as you would an adult.”</p> <p>“Whatever they are interested in; allow them the proper opportunity to explore that and participate in it.”</p> <p>“It’s the age of trying to find themselves.”</p> <p>“Unconditional acceptance of who they are and where they are at.”</p> <p>“Fostering self worth and self-esteem; ability to have an identity.”</p> <p>“Adolescence is difficult age; that accountability and abstract thinking isn’t engaged.”</p> <p>“Get probation department to mandate parents get involved... That’s part of the incentive.”</p> <p>“When they’re in recovery, they’re a lot more amendable to treatment. When they’re hearing it in recovery versus in fifth grade, whether its DARE or whatever the program is, they’re not really getting it at that point.”</p> <p>“You have to know your population; I think you have to be sensitive to their background and where they’re coming from. I don’t think it’s a one size fits all.”</p> <p>“It’s always important to establish a rapport and trust.”</p>
--

“When you put it out there at the very beginning ‘this is how treatment works, this is how we do things here’ I think this has a good impact.”

“I think it’s important for the clinician to become familiar with what’s popular with the adolescents at that time- whether it’s the music, whether it’s a movie, whatever it is. If you can utilize media at any level in a therapeutic manner you can get their attention and they’ll go with it and they’ll talk about what’s going on.”

“The younger they come in [to treatment], the more of a chance we have to make a difference”

“Treatment has to be a community effort because it is more pervasive now”

“It’s critical for clinicians to educate and keep current on the current drugs that are out there”

“Strengthen their connections with an interest, whether its music or sports or whatever it may be.”

“Its important to connect to teens with what their dreams are because for them they are so real, its wide open to reaching their dreams.”

“Its sad when an adolescent whose life has been so negative that they stop dreaming, they’ve given up.”

“If you’re in an environment, and you have trouble learning and you have trouble at home and peers trying to influence, it can be cumulative.”

“Trying one drug can lead to trying another drug”

“Their trauma is a little fresher in their mind. The child, they are going through trauma every day; if it’s not at home, maybe in their school, or on the street.”

“Experiencing traumas and being exposed to them. And not dealing with the symptoms of the Post Traumatic Stress.”

“A lot of these kids cannot express themselves. There’s a lot a stress in the home they have not learned to deal with or communicate.”

“That’s the age where they think more about what their peers say than what their family says.”

“There are too many vices that influence our children.”

“It the stage of development, rebellion, to go against of authority.”

“The kids have a lot of trust, anger, and abandonment issues; they haven’t had an adult that is honest and consistent.”

“If they see that you are going to turn out like every adult in their life, they are going to step back and build up this wall.”

“There is that lack of support, and I think that starts before the substance

abuse has even happened.”

“There’s a lack of consistency, support, and communication with the parents. Which creates a distance in the relationship.”

“[Drug use] is promoted in the culture, in the media, in the movies, and the idea of becoming unconsciously stoned or drunk is considered funny or a rite of passage, or that’s what you do when you go to college, the night before you get married.”

TABLE 4. THEMES

“Any familial support that a young child could have is going to be critical.”

“If the child sees that the parent is willing to support them, it boosts the child’s motivation and interest in making changes.”

“Adolescents are much more vulnerable to how they look, dress, their weight. Part of the work in therapy is finding out from the client what are their qualities and strengths; what do they enjoy doing and like to do. Once they are identified, then you can direct them into channeling that energy from the substance abuse. Nurture and foster these interests so that it will become a positive reinforcement to her self-image.”

“I think first of all in terms of developmental stages, that’s a pivotal time because that’s when their self-esteem is beginning to grow and become the forefront because many have low self-esteem.”

“The lifestyle that a lot of these kids were coming from is so different to my upbringing. For me to make an assumption of what would have worked for me, what my life was like is so different from these kids; some of them are being raised by grandparents, some of them their family members are using in the home. Some of these kids at ages 14 or 15 have witnessed extreme violence, they’ve lost friends, and they’ve witnessed friends being killed. I just think clinicians need to be very sensitive to who their treating.”

“Cognitive Behavioral Therapy: I try to teach teens that there are consequences to their behavior. Teaching cause and effect. The co-relational relationship between getting high and what that act will cause by doing that; how the thought processes are connected to the behavior.”

“Psycho-education was helpful; a lot of information the youth had not previously had.”

REFERENCES

- Agrawal, A., & Lynskey, M. T. (2008). Are there genetic influences on addiction: Evidence from family, adoption and twin studies. *Addiction, 103*(7), 1069–1081. doi:10.1111/j.1360-0443.2008.02213.x
- Blanton, H., Gibbons, F. X., Gerrard, M., Conger, K. J., & Smith, G. E. (1997). Role of family and peers in the development of prototypes associated with substance use. *Journal of Family Psychology, 11*(3), 271–288. doi:10.1037/0893-3200.11.3.271
- Bradley, E. G. (2009). *The effects of a school-based motivational intervention on adolescent substance abuse*. (Doctoral dissertation). Retrieved from ProQuest dissertations and theses (Order No. 3359129, University of Massachusetts Amherst).
- Carroll, K. M., Easton, C. J., Nich, C., Hunkele, K. A., Neavins, T. M., Sinha, R., Ford, H. L., & Rounsaville, B. J. (2006). The use of contingency management and motivational/skills building therapy to treat young adults with marijuana dependence. *Journal of Consulting and Clinical Psychology, 74*, 955-966.
- Colby, S. M., Monti, P. M., Barnett, N. P., Rohsenow, D. J., Weissman, K., & Spirito, A. (1998). Brief motivational interviewing in a hospital setting for adolescent smoking: A preliminary study. *Journal of Consulting and Clinical Psychology, 66*, 574-578.
- County of Riverside, Health Data. (2010). *Maternal child and adolescent health report* [Data File]. Retrieved from http://www.rivcohealthdata.org/downloads/reports/publications/Final_MCAH_Report_2010.pdf
- Dennis, M., Godley, S. H., Diamond, G., Tims, F. M., Babor, T., Donaldson, J., Liddle, H., et al. (2004). The Cannabis youth treatment (CYT) study: Main findings from two randomized trials. *Journal of Substance Abuse Treatment, 27*, 197-213.
- Diagnostic and statistical manual of mental disorders*. (2000). (Fourth.). Arlington, VA: American Psychiatric Association.
- Dishion, T. J., & Owen, L. D. (2002). A longitudinal analysis of friendships and substance use: Bidirectional influence from adolescence to adulthood. *Developmental Psychology, 38*, 480-491.

- Eftekhari, A., Turner, A. P., & Larimer, M. E. (2004). Anger expression, coping, and substance use in adolescent offenders. *Addictive Behaviors, 29*(5), 1001–1008. doi:10.1016/j.addbeh.2004.02.050
- Erikson, E. H. (1968). *Identity, youth and crisis*. New York: North.
- Finn, K. V. (2006). Patterns of alcohol and marijuana use at school. *Journal of Research on Adolescence (Wiley-Blackwell), 16*(1), 69–77. doi:10.1111/j.1532-7795.2006.00121.x
- Fisher, G. L., & Harrison, T. C. (2013). *Substance abuse: Information for school counselors, social workers, Therapists and counselors* (5th ed.). United States: Pearson Education, Inc.
- Godley, M. D., & White, W. L. (2005). A brief history and some current dimensions of adolescent treatment in the United States. *Recent Developments in Alcoholism, 17*, 367–382.
- Goldenberg, H., & Goldenberg, I. (2013). *Family therapy an overview* (Eighth). United States: Brooks/Cole Cengage Learning.
- Ilgen, M. A., Schulenberg, J., Kloska, D. D., Czyz, E., Johnston, L., & O'Malley, P. (2011). Prevalence and characteristics of substance abuse treatment utilization by US adolescents: National data from 1987 to 2008. *Addictive Behaviors, 36*(12), 1349-1352.
- Laser, J. A., & Nicotera, N. (2011). *Substance abuse and the adolescent*. In working with adolescents: A guide for practitioners. New York City: Guilford.
- Leichtling, G., Gabriel, R. M., Lewis, C. K., & Vander Ley, K. J. (2006). *Adolescents in treatment: Effects of parental substance abuse on treatment entry characteristics and outcomes*. Retrieved October 14, 2013, from http://www.tandfonline.com.libproxy.lib.csusb.edu/doi/pdf/10.1300/J160v06n01_08
- Liddle, H. A. (2010). Multidimensional family therapy: A science-based treatment system. *Australian & New Zealand Journal of Family Therapy, 31*(2), 133–148.
- Mannheim, J. K. (2011, January 17). *Adolescent development*. U.S. national library of medicine. Government. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/002003.htm>

- Martin, G., & Copeland, J. (2008). The adolescent cannabis check-up: Randomized trial of a brief intervention for young cannabis users. *Journal of Substance Abuse Treatment, 34*, 407-414.
- Media, T. C. on C. and. (2010). Children, adolescents, substance abuse, and the media. *Pediatrics, 126*(4), 791–799. doi:10.1542/peds.2010-1635
- Meub, W. (2011). *New media use and rural youth substance use* (M.S.). University of New Hampshire, United States -- New Hampshire. Retrieved from <http://search.proquest.com.libproxy.lib.csusb.edu/docview/928955261/abstract?accountid=10359>
- Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (3rd ed.). New York: Guildford Press.
- National Center on Addiction and Substance Abuse at Columbia University. (2011). *Adolescent substance use: America's #1 public health problem*. Conrad N. Hilton Foundation. Retrieved from <http://www.casacolumbia.org/upload/2011/20110629adolescentsubstanceuse.pdf>
- Rowe, C. L., La Greca, A. M., & Alexandersson, A. (2010). Family and individual factors associated with substance involvement and PTS symptoms among adolescents in greater New Orleans after Hurricane Katrina. *Journal of Consulting and Clinical Psychology, 78*(6), 806–817. doi:10.1037/a0020808
- Substance Abuse and Mental Health Services Administration. (2009). *Adolescent behavioral health in brief: A short report from the office of applied studies* [Date File]. Retrieved from <http://www.samhsa.gov/data/StatesInBrief/2k9/OASTeenReportCA.pdf>
- Substance Abuse and Mental Health Services Administration. (2010) *National survey on drug use and health: Summary of national findings* [Data File]. Retrieved from <http://www.samhsa.gov/data/nsduh/2k10nsduh/2k10results.htm>.
- Waldron, H. B., & Kaminer, Y. (2004). On the learning curve: the emerging evidence supporting cognitive-behavioral therapies for adolescent substance abuse. *Addiction, 99*(Suppl. 2), 93–105.

Wallis, D. J. (2013). *Adolescent substance abuse treatment: Does family systems therapy improve family functioning and decrease substance abuse?* (Doctoral dissertation). Retrieved from ProQuest dissertations and theses. (Order No. 3588409, University of Denver).

Winters, K. C., Botzet, A. M., & Fahnhorst, T. (2011). Advances in adolescent substance abuse treatment. *Current Psychiatry Reports*, 13(5), 416-421.

ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:
Team Effort: Stephanie Araiza & Alma Hernandez
2. Data Entry and Analysis:
Team Effort: Stephanie Araiza & Alma Hernandez
3. Writing Report and Presentation of Findings:
 - a. Introduction and Literature
Team Effort: Stephanie Araiza & Alma Hernandez
 - b. Methods
Team Effort: Stephanie Araiza & Alma Hernandez
 - c. Results
Team Effort: Stephanie Araiza & Alma Hernandez
 - d. Discussion
Team Effort: Stephanie Araiza & Alma Hernandez