

LIBERTY BAPTIST THEOLOGICAL SEMINARY

“WALTZING WITH THE MONSTER,”  
INTERVENTIONS WITH THE SUBSTANCE-ABUSING ADOLESCENT  
FOR PASTORS, TREATMENT PROVIDERS, AND FAMILY

A Thesis Project Submitted to  
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By

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Lynchburg, Virginia

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LIBERTY BAPTIST THEOLOGICAL SEMINARY

THESIS PROJECT APPROVAL SHEET

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GRADE

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## ABSTRACT

“WALTZING WITH THE MONSTER; INTERVENTIONS WITH THE SUBSTANCE ABUSING ADOLESCENT: A GUIDE FOR CLERGY, PARENTS AND HELPING PROFESSIONALS.

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Liberty Baptist Theological Seminary, 2006

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The biblical story of the “Prodigal Son” is a universal experience made significantly more precarious by the use of mind altering chemicals. A review of the literature reveals that approximately half of all problems impacting American families are caused or exacerbated by the abuse of alcohol or other drugs. This project’s focus is the impact of substance abuse on the developing adolescent. Chemical “hijacking” of the brain’s pleasure centers and resultant dysfunction is examined. Primary, secondary, and tertiary prevention are discussed. Interventions which facilitate the young person’s “homecoming” and implications for the community of faith are integrated.

Abstract length: 97 words.

## Dedication Page

### Acknowledgements

This project is dedicated to my wife Starena who has nurtured and affirmed me through the many years of study and ministry. It is also dedicated to my five children Pamela, Matthew, Philip, Joshua and Heather who often found dad locked away in his study rather than where they wish he had been. Your lives inspire me and bring me joy.

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Finally, this project is dedicated to the many young people with whom I have worked and who have taught me about addiction “close up and personal” and to my colleague and co-therapist Gina Infante who has worked and anguished with me in this process for more than 20 years.

## CONTENTS

Abstract .....	v
Chapter	
1. INTRODUCTION .....	1
The Problem	
Limitations	
Theoretical Foundations	
Methodology	
Review of the Literature	
Preface to the Following Chapters .....	29
2. THE SOCIAL AND CULTURAL CONTEXT, “MUSIC FOR THE WALTZ” .....	35
3. THE EXPERIENCE OF ADOLESCENCE AND ADOLESCENT DEVELOPMENT, “THE EMERGENCE OF THE PRODIGAL” .....	50
A View of Adolescence Underlying This Statement	
Key Concepts of Adolescence	
The Qualities of Adolescence	
* Conditions for Healthy Development	
4. FAITH DEVELOPMENT AND THE ADOLESCENT JOURNEY, “GETTING LOST AND GETTING FOUND” .....	67
The Challenge of Facilitating Personal Connections	
Spirituality and Spiritual Formation	

Summary

5. SUBSTANCE ABUSE AND ADDICTION IN ADOLESCENCE,  
“DESCRIBING THE MONSTER” ..... 100

    Further Evidence for Concern  
    The Addiction Process  
    “The Waltz”

6. A GUIDE FOR CLERGY, PARENTS, AND HELPING PROFESSIONALS,  
“INTERRUPTING ‘THE MUSIC’, CUTTING IN, AND INVITING THE  
HOMECOMING ..... 119

    Primary Prevention: The Family  
    Secondary Prevention: The Faith Community  
    Tertiary Prevention: The School-Community Team  
    Intervention: Inviting the Homecoming  
    Working as a Team  
    The Adolescent and the Twelve Steps  
    Conclusion

Appendix ..... 161

Bibliography ..... 166

**CHAPTER 1**  
**WALTZING WITH THE MONSTER,**  
**“INTERVENTIONS WITH THE SUBSTANCE ABUSING ADOLESCENT.”**

This chapter introduces the thesis project's subject: adolescent substance abuse intervention. It includes an analysis of the problem, a literature review, resources from theory and practice and a list of definitions. Also introduced is the plan to create a practical guide for intervention. The assumed audience for such a resource is clergy, support professionals, as well as family and friends of abusing youth. This idea has been germinating for 30 years, during which the author, working as a therapist, teacher, pastor and police officer has observed hundreds of young people experiment with mind-altering chemicals. In this thesis, alcohol and other drugs are seen as powerful, seductive, and insidious. Their use is akin to, "waltzing with a monster," an apt metaphor for an unpredictable and potentially dangerous experience.

The problems inherent in the relationship between developing young persons and the use of mind altering chemicals are multi-faceted, illusive to description, and profound. Many young persons seem to escape serious harm; those who abuse, don't experience serious consequences and do not progress into addiction. Others abuse periodically/episodically as "bingers," but apparently avoid the progressive spiral into addiction. This population is particularly troubling. In the year 2004, during a time when the media was filled with "how and cry" about the nearly one thousand young men and women in our military killed in the conflict in Iraq, there was scarcely a



headline noting the 1400 alcohol/drug related deaths, 500,000 injuries, and 70,000 cases of sexual assault on American college campuses in the same time period, many of which were the result of bingeing.<sup>1</sup>

In broader perspective, each year significant numbers of teenage and young adult abusers die, despite the best efforts of everyone who loves them; others become mentally impaired, chemically damaging the functioning of their mind to varying degrees. The author terms a fifth subset the “walking dead,” those who become pathologically preoccupied with drinking and drugging. For this latter population, initial flirtation with “the monster,” (mind altering chemicals,) results in compulsive, uncontrolled, drug seeking and use despite increasing harmful consequences. Once enmeshed in this “dance of death,” they enter a destructive spiral from use, through abuse, to dependency, and a brain, as Bill Moyers points out, that “has been high jacked.”<sup>2</sup> By God’s grace, the author has been an instrument of intervention and recovery for some. In these outcomes, clarity in diagnostics refocused spiritual connectedness and involvement in an “authoritative community,” long recognized as essential ingredients of hope and resolution in addiction treatment, has played a significant role for therapist and recovering person. Recovering persons often describe addiction as “cunning, baffling, and powerful”; this thesis asserts that successful interventions require creativity, faith, persistence and skill, addressing all

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<sup>1</sup> Buddy T, *Can We Change the Campus Culture?* [article online], (About.com: Alcoholism / Substance Abuse), <http://alcoholism.about.com/cs/college/a/aa020415a.htm>, (accessed June 21, 2004).

<sup>2</sup> Bill Moyers, *Close to Home: Moyers on Addiction and Recovery*, 300 min., Films for the Humanities, 1998, videocassette.

areas of the “whole person.” The guide produced from this thesis project will be based on these tenets.

Relevant literature suggests approximately half of all life problems are connected, directly or indirectly, to the use of alcohol or drugs. In support of this premise, consider the following statistics:

1. According to the Centers for Disease Control and Prevention 1995, the use of alcohol and other drugs affect judgment and lead to taking serious sexual risks. There were 18,540 cases of AIDS among 13-24-year-olds reported in 1994. HIV/AIDS had been the sixth leading cause of death among 15-20-year-olds in the United States for over three years at the time of this study. More a half of the new cases of HIV infection in 1994 were related to drug use.<sup>3</sup>
2. A recent study of the Harvard School of Public Health of 119 college campuses showed that 44% of collegians binge-drink. In that same study it was noted that, though most college drinkers would deny it, young people do die solely from drinking. In 1995, 318 people ages 15-24 died from alcohol poisoning alone.<sup>4</sup>
3. In a 2003 “Alcohol Alert” commentary by NIAAA Director Ting-Kai Li, M.D., it was noted that alcohol use also interacts with conditions such as depression and stress to contribute to suicide, the

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<sup>3</sup> National Clearing House for Alcohol and Drug Information, *Sex Under the Influence of Alcohol and Other Drugs*. (Maine: Maine Office of Substance Abuse, 1995), NCADI Inventory Number ML005.

<sup>4</sup> Denise Witmer, “The Effects of Binge Drinking on College Campuses”, [article online], [[http://parentingteens.about.com/od/bingedrinking/a/bingedrinking\\_b.htm](http://parentingteens.about.com/od/bingedrinking/a/bingedrinking_b.htm)], (accessed June 21, 2004)

third leading cause of death among people between the ages of 14 and 25. In one study, 37 percent of eighth grade females who drank heavily reported attempting suicide, compared with 11 percent who did not drink.<sup>5</sup>

These data merely highlight the severity of the problem in the adolescent and young adult populations which will be described in more detail later. Additionally, data suggests even non-using families suffer the consequences of substance abuse, impacted by traffic accidents, crime, and escalating medical and insurance costs. In the State of Maine, a 1998 Legislative Subcommittee Report estimated the cost of substance abuse in that state to be \$916.00 per person, or 1.2 billion dollars.<sup>6</sup> Nationally, the picture seems equally grim. The author has found no statistical data or descriptive research that refutes this level of concern. Societal denial regarding this plague is rampant, but the numbers are telling. For all of these reasons, adolescent substance use, abuse and dependency must become a “front burner” issue for clergy and clinician. Prevention, intervention, treatment, and aftercare are ministry opportunities that cannot be under-prioritized and point to the need for clergy and laity to be more pro-active in leadership, in the ministry of healing as care providers, both as program facilitators, and as community advocates.

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<sup>5</sup> “Underage Drinking: A Major Public Health Challenge,” *Alcohol Alert*, National Institute on Alcohol Abuse and Alcoholism no. 59 (2003): 1.

<sup>6</sup> The Largest Hidden Tax: Substance Abuse in Maine, Executive Summary, (Maine: Task Force on Substance Abuse, 1998), 1-8.

## THE PROBLEM

This thesis project addresses and attempts to answer four significant questions:

1. Can harmful chemical involvement and dependence be understood and described?
2. Can a system of prevention activities effectively minimize the likelihood of an adolescent becoming a substance abuser?
3. Can intervention strategies that enhance “Harm Reduction” or participation in appropriate treatment protocols be practically described?
4. Are there specific tenets in biblical Christian doctrine that enhance prevention, harm reduction, recovery and reconciliation?

In response, this project discusses developmental stages and tasks of adolescence, the bio-psycho-social-spiritual impact of alcohol and other drug involvement and implications for other addictions. It also outlines a process for interrupting what Beattie has termed, “the slow dark dance of death,”<sup>7</sup> and examines methods to motivate young persons to seek healthy alternatives.<sup>8</sup> In concluding, this project integrates foundational secular research with Christian, Biblical and theological precepts resulting in a guide for successful prevention and intervention.

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<sup>7</sup> Melody Beattie, *Codependent No More: How to Stop Controlling Others and Start Caring for Yourself* (New York, NY: Harper San Francisco, 1987), 110.

<sup>8</sup> The Commission on Children at Risk. “Hardwired to Connect; The New Scientific Case for Authoritative Communities, Executive Summary.” New York, Institute for American Values, 2004.

## LIMITATIONS

As with most human dilemmas, no panacea for adolescent substance abuse exists. The problem is multi-faceted and complex,<sup>9</sup> often with overlaying co-occurring disorders, cultural mores that exacerbate risk and disagreement among professionals as to both etiology and treatment. Therefore, this thesis has a limited scope and is not intended to accord with the belief systems of all providers and consumer groups. There are six specific limitations:

- I. This project neither implies nor provides a “silver bullet” for youth substance abuse.
- II. Working through the intervention process described does not result in all at risk adolescence abstaining, practicing harm reduction, or entering recovery.
- III. The approach may not be appropriate for pastors, or other providers who have a conceptual framework that opposes it, or for those who do not subscribe to the world view from which it derives.
- IV. Theoretically sound from the perspective of the secular practice, this thesis espouses a Christian worldview with respect to humanity, etiology, intervention, recovery and reconciliation that may be unacceptable to secular practitioners.
- V. The strategies described are not appropriate for every family.

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<sup>9</sup> Jane Taylor and Marc Potenza, M.D., “Adolescents Are Neurologically More Vulnerable to Addictions,” YALE News Release, 18 June 2003.

- VI. Modalities of treatment for abusing adolescence with co-morbid mental illness, complex trauma history, or medical complications are not addressed in detail.

## **THEORETICAL FOUNDATION**

If all humans are truly on a “prodigal journey” throughout their lives, harmful involvement with alcohol or other drugs should exacerbate rebellion and increase the probability that the journey terminates not in Paradise, but in a “distant land.” As a corollary, the thesis will show that earlier harmful involvement leads to a more precarious journey. Such a hypothesis assumes:

**A. A Biblical worldview regarding the natures of God, Man, and the Universe.**

Scripture is the “Owner- Operators Manual” for human beings. Divinely inspired, biblical precepts must be foundational to any program designed for God’s people.

**B. Adolescence as a uniquely vulnerable period**

The immature and developing biological, psychological, and spiritual systems make adolescent particularly vulnerable to substance abuse related problems.<sup>10</sup>

**C. Family system as Potential Curse or Cure**

1. Families that naively assume young persons can safely experiment with alcohol and other drugs as a rite of passage often court disaster. Scripture

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<sup>10</sup> Ibid.

emphasizes that “the devil prowls around like a roaring lion looking for someone to devour.”<sup>11</sup>

2. Substance abuse is a family syndrome.<sup>12</sup> The nuclear and extended family may elevate the risk that a youth will progress from use, through abuse, to dependency. Familiar sources of risk include neurochemical and genetic factors such as Fetal Alcohol Syndrome, fetal drug affects, or family system influences.

3. Nuclear and extended families may also provide the most abundant resources and richest opportunities for prevention, development of resiliency, various levels of intervention and/or recovery, and treatment and aftercare support.

4. Addiction is an equal opportunity problem, consuming significant numbers of young people from all socio-economic, ethnic and religious backgrounds.

5. Early intervention is essential for recovery.<sup>13</sup>

**D. Developing Human Potential is diminished by the use of mind-altering chemicals.**

1. Abuse or dependence on alcohol or other drugs results in deterioration of or arrested development in all areas of human potential.

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<sup>11</sup> 1 Pet 5:8. (Oxford Annotated Bible).

<sup>12</sup> Sharon Wegscheider-Cruse, *Another Chance: Hope and Health for the Alcoholic Family*. Edition 2 (Palo Alto, CA: Science and Behavior Books, 1989), 76-88; Melody Beattie, *Codependent No More*, 35-36.

<sup>13</sup> Jane Taylor and Marc Potenza, M.D., “Adolescents Are Neurologically More Vulnerable to Addictions,” YALE News Release, 18 June 2003.

2. Wegscheider-Cruse's early development of the "Whole Person Model" discusses human potential in six areas (volitional, emotional, social, physical, mental, and spiritual); hers is a useful paradigm for insight into addiction from a system's perspective.<sup>14</sup>
3. Goldstein, in researching the neurochemistry of addiction, has documented transformations in the brain, which result in ingrained "craving states."<sup>15</sup> Both Goldstein and Amen offer scientific support for a broad perspective related to Romans 1:28... "God gave them up to a debased mind and to things that should not be done...."<sup>16</sup>

**E. Social Development Strategies Consistent with Biblical Teaching Foster Resiliency:**

1. Strategies that promote resiliency include opportunities for bonding, attachment, and commitment in settings where there are healthy beliefs and high expectations.<sup>17</sup> Adolescents exposed to such experiences are generally successful in acknowledging and celebrating their uniqueness and are empowered to partake in healthy activities, learn productive skills, and seek recognition in acceptable ways.

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<sup>14</sup> Wegscheider- Cruse, *Another Chance*, 32-43.

<sup>15</sup> Avram Goldstein, *Addiction: From Biology to Drug Policy*. (New York: Oxford University Press, 2001), 83-114.

<sup>16</sup> Goldstein, *Addiction*, 83-114; Daniel G. Amen, *Change Your Brain, Change Your Life* (New York: Three Rivers Press, 1998), 224-244; Romans 1:28 (Oxford Annotated Bible).

<sup>17</sup> Center for Substance Abuse Prevention, SAMSHA, Department of Human Services (Rockville, MD, 1993); Western Region Center for Drug-Free Community Schools and Communities, *Fostering Resiliency in Kids: Protective Factors in Family, School, and Community* (Portland, OR: Northwest Regional Educational Library, 1991), 93.



2. Peer pressure often causes individuals to transfer dysfunction from the family of origin into other relationships.<sup>18</sup> This influence is especially true for adolescents, who are biologically mandated to orient toward peer groups and for whom co-dependence may manifest more overtly in the pseudo-committed relationships of adolescence.
3. Lack of resiliency is readily observable in the pseudo-committed relationship of co-dependent adolescents enmeshed in substance abuse and substance dependence.<sup>19</sup>

**F. Risk Factors and Protective Factors Exist for Adolescent Development:**

1. It is possible to identify factors that facilitate healthy maturation.<sup>20</sup>
2. The foundation for identifying such factors is Scripture.

**G. Successful Interventions with Adolescents Occur Sequentially:**

1. Preventative developmental interventions.
2. Interventions that reduce harm and disrupt destructive patterns of behavior.<sup>21</sup>

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<sup>18</sup> Wegscheider-Cruse, 32-43; Beattie 35-36; Jael Greenleaf, *Co-alcoholic/Para-alcoholic: Who's Who* (Deerfield Beach: Health Communications, 1984), 6; Robert Subby and John Friel, *Inside the Chemically Dependent Marriage, in Codependency* (Deerfield Beach: Health Communications, 1984).

<sup>19</sup> Timmen L. Cermak, *Diagnosing and Treating Co-dependence: A Guide for Professionals Who Work with Chemical Dependents, Their Spouses and Children* (Minneapolis: Johnson Institute Books, 1986), 58-59.

<sup>20</sup> J. David Hawkins and Richard F. Catalano, Jr., *Communities That Care: Action for Drug Abuse Prevention* (San Francisco: Jossey-Bass, 1992), 15.

<sup>21</sup> The Commission on Children at Risk. "Hardwired to Connect; The New Scientific Case for Authoritative Communities, Executive Summary." New York, Institute for American Values 2004.

3. Restorative interventions that enhance and facilitate reconciliation.<sup>22</sup>
4. Liberating interventions that facilitate mastery and autonomy.<sup>23</sup>
5. Maturity-enhancing interventions that facilitate spiritual growth.

## METHODOLOGY

First, it is necessary to describe “the monster,” i.e., the potential problems of alcohol and other drug use, abuse, and dependency in teens. This is followed by a brief summary of adolescence itself and a description of the ways in which alcohol and other drug abuse impacts every aspect of maturation. Metaphorically, the “waltz” affects one’s emotions, mental processes, physical, social, spiritual, volitional potentials. Relevant cultural issues that provide the background or “music” are also examined. Experimentation and social use, common precursors of dependence and addiction, are described; furthermore, neurochemical, psychological, spiritual, and family system manifestations of harmful involvement and addiction are discussed. Of fundamental importance is viewing the process of addiction descriptively and scientifically, as a “cunning, baffling, and powerful” problem, through the lens of both science and Scripture. This experience with observable scientific manifestations, like so much of human history, is recorded in Scripture, as the “prodigal journey” deemed an apropos reference for “Our Story” from Creation and “The Fall of Man” to now.

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<sup>22</sup> Patt Denning, *Practicing Harm Reduction Psychotherapy, An Alternative Approach to Addictions* (New York: The Guilford Press, 2000), 93-126.

<sup>23</sup> J.O. Prochaska, C.C. DiClemente, et al., (1992) “In Search of How People Change: Applications to Addictive Behaviors.” *American Psychologist* 47(9): 1102-1114.

Finally, prevention strategies and interventions consistent with adolescent development and the nature of the “monster” at various stages will be presented and discussed. Biblical and secular perspectives will be integrated in addressing these issues.

## REVIEW OF THE LITERATURE ADDICTION

There is no complete portrait of addiction, nor is there agreement among practitioners.<sup>24</sup> Many experts cite environmental factors, such as codependent families. Some hold heredity responsible. Yet, others point to neurochemical factors, some simply call it “sin.” Since all of these explanations have validity, each addicted person presents unique issues in assessment and treatment. Professionals do concur, as Wegscheider-Cruse, in her early work, points out, “. . . dependency does not respect age, class, gender, or life-style.”<sup>25</sup> Pragmatic and poignant descriptions of addiction exist in the self reports of addicts and recovering persons, who frequently use these terms to describe pathological preoccupation with mind altering chemicals.

The critical moment when use and abuse become addiction is mysterious, and may result in either death or treatment, unless the continuum of experimentation → use → abuse → dependence → addiction, is interrupted or spontaneously resolves. Psychological dependency often precedes physical dependency, as discussed by Manning and Vinton in early work related to adolescent substance abuse. Manning further proposed that insight into an adolescent’s “place”

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<sup>24</sup> Peter M. Monti, Suzanne M. Colby, and Tracy A. O’Leary, *Adolescents, Alcohol, and Substance Abuse* (New York: The Guilford Press, 2001), 19-45.

<sup>25</sup> Wegscheider-Cruse, 58-75.

on the addiction continuum may be gained by asking whether one is “*harmfully involved*” with alcohol or drugs. Symptoms of harmful involvement often include absenteeism, bizarre behavior, withdrawal from social and family relationships, reduced productivity, resistance to change, coming to school late and leaving early and physical evidence of drinking or drugging.<sup>26</sup> A recent article by Falkowski in the “Hazelden Voice” affirms a similar protocol. “Adolescence is a time of intense change and volatility, which makes spotting changes that are due to drug and alcohol use even more challenging. If *more than a few* of the following behavioral signs occur simultaneously with teenagers, it could signal the emergence of a drug or alcohol problem. Any single sign, in and of itself, can just be part of “normal” adolescence.

- Steals or borrows money from work, home or friends;
- Secretive, defensive behaviors about activities, and possessions;
- Unusual mood changes.
- Abrupt temper outbursts;
- Marked changes in eating or sleeping habits;
- Drop in academic performance;
- Heavy use of perfumes or other scents;
- Burned matches, objects used as pipes;
- Changes in peer group;
- Significant deterioration in personal appearance or hygiene;

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<sup>26</sup> William O. Manning and Jean Vinton, *Harmfully Involved* (Center City: Hazelden, 1978), vii-x.

- Loss of interest in usual activities, pastimes, and hobbies.<sup>27</sup>

For Wegscheider-Cruse, the process starts with use of social drinking to effect mood. Over time, consumption and tolerance increase, until, ultimately, dependency develops. Initially, dependence may be signaled by short duration memory loss, i.e., chemically induced amnesia lasting for a minute or two. With advanced dependency, several days of memory loss can occur. Inability to stop using before serious impairment sets in occurs next, with the spiral then descending through physical withdrawal between episodes, lying to protect one's habit, including the destruction of family life, career, and health. Concurrently present is spiritual deterioration, manifested by acts that contradict the addict's values and religious beliefs.<sup>28</sup> Recent research suggests that this process is perhaps not universal in adolescence, but is more specifically correlated with factors such as disinhibition, event memory, and event encoding resulting in the progression into harmful involvement and addiction.<sup>29</sup> Drews' research was an early description of the unique vulnerability of adolescence which set forth the "five-to-fifteen rule," which holds that whereas an adult may take five-to-fifteen years of alcohol or other drug use and abuse to become addicted, an adolescent can become addicted in just five-to-fifteen *months*, and a younger child in just five-to-fifteen *weeks*. He posits immature liver development as a causative factor

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<sup>27</sup> Carol Falkowski, "Getting High? What? My Kid?," Hazelden Voice 10, issue 1 (Winter 2005): 11.

<sup>28</sup> Jean Kinney and Gwen Leaton, *Loosening the Grip*, 5<sup>th</sup> Edition (St. Louis: Mosby, 1995), 225-230.

<sup>29</sup> Monti, Colby, and O'Leary, *Adolescents, Alcohol, and Substance Abuse*, 25-29.

in the faster rate of addiction among younger people.<sup>30</sup> The recent research at Yale University affirms this vulnerability although with somewhat broader perspective in relationship to etiology.<sup>31</sup> Deficient spiritual grounding and social skills are also key underpinnings of vulnerability. Priest psychologist George Croft sees a distinct similarity between Allport's six characteristics of the mature personality and the theological virtues of faith, hope, and love.<sup>32</sup>

A theory once applied to adults is that substance abuse represents a corrupted spiritual search, an attempt to fill a void or stop emotional pain, according to Kinney and Leaton. They postulate that some adolescents view alcohol use as a symbol of adulthood, which mitigates efforts to communicate or bring young people to contemplate quitting drinking.<sup>33</sup> Cohen speculates that "conduct-disordered youth" may self-medicate to calm themselves or satisfy an emotional emptiness.<sup>34</sup> This thesis purports the same dynamic is present in drug-using adolescents; they indulge to lessen the anxiety that accompanies socialization. A sad result is that they often violate their own values and religious beliefs while under the influence, resulting in guilt and shame, which increases the likelihood that they will use again. A culture that celebrates drinking and drugging and has a high tolerance for abuse also

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<sup>30</sup> Toby Rice Drews, *Getting Your Children Sober* (South Plainfield: Bridge Publishing, 1987), 2-8.

<sup>31</sup> Taylor and Potenza, M.D., "Adolescents Are Neurologically More Vulnerable to Addictions."

<sup>32</sup> George Croft, "Psychological Maturity in Christian Perspective," Supplement to the Way 8 (November 1968): 221-232.

<sup>33</sup> Cermak, *Diagnosing and Treating Co-dependence*, 2-27; Alan M. Cohen, *Kids Out of Control* (Center City: Hazelden, 1998), 35-47. ; Richard Fields, *Drugs in Perspective*, 2d ed. (Madison: Brown & Benchmark, 1995), 134.

<sup>34</sup> Cohen, *Kids Out Of Control*, 410.

encourages harmful involvement in its young. Over time the language of description has changed, but earlier material is generally consistent with more recent research related to this thesis project.<sup>35</sup>

### **SUBSTANCE ABUSE IN THE FAMILY AND CO-DEPENDENCY**

Substance abuse is often classified as a “family syndrome” because even if only one member abuses alcohol, or other drugs, the others must adjust and respond.<sup>36</sup> Research suggests that a disproportionate number of substance abusers come from addicted families.<sup>37</sup> In other studies, where addiction is not a prime factor, dysfunctional relationships significantly contribute to substance abuse and other problem behaviors.<sup>38</sup>

Drawing on the pioneering work of Satir, Wegscheider-Cruse likens the family system to a suspended mobile: Movement by any one element causes movement throughout the system to maintain equilibrium.<sup>39</sup> This is particularly true when a member abuses mind-altering chemicals, because then all others must expend huge amounts of energy responding and adjusting not only to the drinking or drugging but to their own codependency.<sup>40</sup> Definitions of codependency vary widely and are somewhat unsatisfactory. For Beattie, codependency is a “gray, fuzzy condition,” one

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<sup>35</sup> Monti, Colby, and O’Leary, 132-133.

<sup>36</sup> Wegscheider-Cruse, 44-57.

<sup>37</sup> Cermak, *Diagnosing and Treating Co-dependence*, 2-27; Cohen, 410-427; Richard Fields, *Drugs in Perspective*, ; Deborah A. Ellis, and Robert A. Zucker, “The Role of Family Influences in Development and Risk”, Alcohol Health & Research World, Vol. 21 Issue 3 (1997): 218, 9.

<sup>38</sup> Beattie, 35-36.

<sup>39</sup> Wegscheider-Cruse, 44-57.

<sup>40</sup> Monti, Colby, and O’Leary, 216-240.

that can be applied to anyone “who has let another person’s behavior affect him or her, and who is obsessed with controlling that behavior.”<sup>41</sup> Alternatively, Greenleaf emphasizes “compensation” and defines the co-alcoholic as an “adult who assists in maintaining the social and economic equilibrium of the alcoholic family system.”<sup>42</sup>

Cermak attributed this confusion to the fact that “codependent” is used as a concept describing the behavior of family members interacting with the chemically dependent, as a psychological concept.<sup>43</sup> All early definitions of codependence affirmed its occurrence among members of substance-abusing families and manifesting overtly in the context of committed relationships. However, some recent providers eschew the “codependence” label in favor of integrative and behavioral family concepts and related interventions.<sup>44</sup>

Codependents often cycle between feeling states of pride and shame, machismo, and remorse, thus reinforcing the metaphor of “*waltzing with the monster*.”<sup>45</sup> The impact of the family system on developing worldview is profound. In assessing troubled adolescents, Cohen takes the position that “despite their bravado, many kids identified as conduct disordered actually suffer from low self-esteem.”<sup>46</sup> This may be one anchor point in seeking to understand the self-destructive behavior of adolescents reared in substance abusing families. In a peculiar twist, Kaplan found that “youths

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<sup>41</sup> Beattie, 1-15.

<sup>42</sup> Greenleaf, 6.

<sup>43</sup> Cermak, *Diagnosing and Treating Co-dependence*, 2-27.

<sup>44</sup> Monti, Colby, and O’Leary, 216-240.

<sup>45</sup> Cermak, 125-127.

<sup>46</sup> Cohen, 410.



with poor self concepts are most likely to engage in delinquent behavior and that successful participation in criminality actually helps raise self-esteem.”<sup>47</sup>

Accordingly, Beattie proposes that, co-dependency leads individuals into adversarial relationships with themselves.<sup>48</sup>

Understanding the adolescent’s reactive world view is eased by an awareness of commonly observed dysfunctional family “rules,” as presented by Subby and Friel:

- It’s not o.k. to talk about problems.
- Feelings should not be expressed openly
- Communication is best if indirect, with one person acting as a messenger between two others (triangulation).
- Unrealistic expectations—be strong, good right, perfect. Make us proud.
- Don’t be selfish.
- Do as I say, not as I do.
- It’s not o.k. to play or be playful.
- Don’t rock the boat.<sup>49</sup>

Cermak has noted that “Co-dependence is a setup for the development of chemical dependence.”<sup>50</sup> In families where addiction is present, children have a fourfold greater risk for addiction than those who come from non-addicted families.<sup>51</sup>

Clearly any effective response to chemically abusive youth must involve the entire family, using a combination of archetypal insights from Scripture, time tested strategies, and current interventions related to chemical abuse and addiction,

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<sup>47</sup> Howard Kaplan, *Deviant Behavior, in Defense of Self* (New York: Academic Press, 1980), 788-801; idem, “Self- Attitudes and Deviant Response,” *Social Forces*, 54 (1978): 788-801.

<sup>48</sup> Beattie, 100-112.

<sup>49</sup> Subby and Friel, 34.

<sup>50</sup> Cermak, 29-31.

<sup>51</sup> Mark Shuckett M.D. Interview with Bill Moyers, *Close to Home: Moyers on Addiction*, Films for the Humanities, 300 min., 1998, videocassette.

the family system, and interpersonal dynamics. Addressing family intervention, Wegscheider notes: “As long as we try to help one youngster without treating the rest of the family, the family cannot afford to let him get well.”<sup>52</sup> Perkinson’s later work is in general agreement, observing: “The purpose of the family program is to begin to heal the many wounds caused by chemical dependency and to improve the patient’s recovery environment.”<sup>53</sup> The author posits that the process of addiction and recovery follows “6 stages of change” as set forth in the recent acclaimed work of Prochaska and DiClemente. “Stage Change Theory” and “The Process of Change.” The process as outlined in the work of these researchers has profound implications for structuring both individual and family programs of intervention and recovery.

## ADOLESCENT DEVELOPMENT

### MORAL DEVELOPMENT

Adolescents undergo more emotional, mental, physical and social change than any other age group. They are also strongly drawn to the spiritual and must manage a series of key tasks. According to Konopka and others, these are: (1) sexual maturity; (2) withdrawal from adult benevolent protection and entrance into a community of peers and of adults (on an interactive, rather than dependent, level); (3) consciousness of self in interaction; (4) re-evaluation of values; and (5) experimentation.

Characteristically, adolescents are audacious yet insecure, lonely, psychologically vulnerable, prone to mood swings, cooperative with peers and anxious for peer

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<sup>52</sup> Wegscheider-Cruse, 126.

<sup>53</sup> Robert R. Perkinson, *Chemical Dependency Counseling: A Practical Guide*, 2<sup>nd</sup> ed., (Thousand Oaks: Sage Publications, 2002), 187-224.

approval. They can also be argumentative and emotional as they audition values and relationships.<sup>54</sup>

An understanding of morality begins well before the teen years, but emergence from the family of origin and re-assessment of values make adolescence particularly ripe for moral growth. Duska and Whelan point out that Piaget and Kohlberg, pioneers in studying moral development, concur that maturation occurs in invariable stages. Furthermore, Kohlberg deems individuals can cease developing morally at any point.<sup>55</sup> The implications of early onset alcohol and drug abuse for moral development, then, seem particularly dark.

In Kohlberg's stages, moral orientation ascends through three levels: stage one, punishment and obedience, and stage two, instrumental relativist (right is what satisfies one's own needs), comprise the pre-conventional level. Stage three, good boy/nice girl and stage four, law and order, constitute the conventional level. Finally, stages five and six, social contract legalistic and universal ethical principle orientation fulfill the post-conventional level. Kohlberg maintains that progress through his stages is stimulated by cognitive disequilibrium, a condition often caused by respect for a model one level higher. For example, someone at stage three may desire esteem from persons operating within a law and order value system. Kohlberg's contention that individuals can comprehend moral reasoning only one or two stages ahead of their own bears significance for programs striving to reach youth at risk. In fact, in

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<sup>54</sup> Gisela Konopka, "Requirements for Healthy Development of Adolescent Youth," Adolescence (Fall 1973): 291-316.

<sup>55</sup> Ronald Duska and Mariellen Whelan, *A Guide to Piaget and Kohlberg*. (New York: Paulist Press, 1975), 42-45.

their study of delinquent adolescents, Freundlich and Kohlberg found 83% to be at a pre-conventional level.<sup>56</sup>

Alcohol and other drug abuse retard or interrupt moral, social, emotional, as well as mental and spiritual development. In young people, these effects are most severe; under the influence, their developing central nervous systems are especially vulnerable to chemical distortion resulting in poor decision making, further complicated by immature value systems.<sup>57</sup> This thesis assumes it is seriously problematic to achieving healthy moral growth while using alcohol or other drugs because the individual is responding to the world through a chemical screen. Even when the chemical abuse is removed, codependency and family systems issues must be addressed.<sup>58</sup> It is a long journey to Kohlberg's stage four for youth whose primary experiences of law and order have been the inhumane "rules" of a dysfunctional family.

Much has been written about risk factors for adolescents; equally important to identify are conditions that support healthy development. Konopka, and later Nielson, defines these as choice making, a sense of belonging, open discussion of values, self-reflection, participative citizenship, safe experimentation, feeling accountable, and cultivating the capacity to enjoy life.<sup>59</sup>

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<sup>56</sup> Ibid.

<sup>57</sup> Jane Taylor and Marc Potenza, M.D., "Adolescents Are Neurologically More Vulnerable to Addictions," YALE News Release, 18 June 2003.

<sup>58</sup> Drews, *Getting Your Kids Sober*, 2-8.

<sup>59</sup> Konopka, "Requirements for Healthy Development of Adolescent Youth", 291-316; Nielson, *Adolescence: A Contemporary View*, 101-139.

## RESILIENCY

As The Western Region Center for Drug-Free Community Schools and Communities notes, recent research has focused on the “resilient” child. This individual, despite daunting circumstances, possesses social competence, problem solving skills, autonomy, and a sense of purpose and future.<sup>60</sup> Of these characteristics, the most relevant here is autonomy, the capacity for separation from dysfunctional family dynamics.<sup>61</sup> This project seeks to clarify the significance of traits identified in secular writings by examining risk and resiliency from Biblical and theological perspectives. One promising line of thought suggests the efficacy of “Authoritative Communities.” One source of support for this concept is The Commission on Children at Risk which defines such communities as:

...groups that live out the types of connectedness that our children increasingly lack. They are groups of people who are committed to one another over time and who model and pass on at least part of what it means to be a good person and live a good life. Renewing and building them is the key to improving the lives of U.S. children and adolescents.<sup>62</sup>

Another objective of this thesis is to examine implications of these findings for at risk youth and to address the role of the Christian community.

In surveying resiliency research, the Western Regional Center found that protective families, schools, and communities emphasized caring and support, high expectations, and meaningful participation.<sup>63</sup> The Center for Substance Abuse

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<sup>60</sup> Western Region Center for Drug-Free Community Schools and Communities, 94.

<sup>61</sup> Beattie, 61-65.

<sup>62</sup> The Commission on Children at Risk. “Hardwired to Connect; The New Scientific Case for Authoritative Communities, Executive Summary.” New York, Institute for American Values 2004.

<sup>63</sup> Western Region Center for Drug-Free Community Schools and Communities, 94.

Prevention reported that children in substance-abusing families stand a better chance of growing into healthy adulthood if they:

- can master something they, their friends, and their communities value,
- are required to be helpful throughout childhood,
- are able to ask someone to help them, have a frame of reference beyond their dysfunctional families;
- are able to bond with some socially valued, positive entity (family or church), and are able to interact with a caring adult who provides consistent responses.<sup>64</sup>

These early findings are born out in the recent studies by the Commission on Children at Risk.<sup>65</sup>

### ADOLESCENTS IN TROUBLE

The more you get high, the more you get burnt, the more you get burnt, the less you make sense, the less you make sense, the more useless you feel, the more you feel useless, the more depressed you get, and the more depressed you feel, the more you get high, the more you get high, the more you raise your doses, the more you raise your doses, the more useless you become.<sup>66</sup>

This type of searing self-portrait by one teenaged substance abuser is typical of the adolescent addict. Snyder and Sickmund have argued that initiation of delinquency and substance abuse occurs independently. However, drug use seems to

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<sup>64</sup> Center for Substance Abuse Prevention, 55-62.

<sup>65</sup> The Commission on Children at Risk. "Hardwired to Connect; The New Scientific Case for Authoritative Communities, Executive Summary." New York, Institute for American Values 2004.

<sup>66</sup> Joan Donlan, *I Never Saw the Sun Rise: The Private Diary of a Fifteen-Year-Old Recovering from Drugs and Alcohol* (Minneapolis: CompCare Publications, 1977), 53.

prolong involvement in delinquency. Eventually, this “chicken and egg” dilemma resolves into the self-destructive spiral already referenced; the more serious the delinquency, the more serious the drug abuse. As could well be imagined, changes in drug use have been shown to effect large changes in delinquent behavior, whereas changes in delinquency have less impact on drug use.<sup>67</sup> Thus, harmful involvement with alcohol or drugs is the “glue” that frequently bonds the adolescent to his self-destructive behavior. Whether fortunately or unfortunately for the individual, the juvenile justice system typically intervenes only at a late stage in the delinquent’s career.<sup>68</sup> Clearly, the worth of prevention and intervention by the community cannot be overvalued.

Most researchers agree intervention programs must target youth early.<sup>69</sup> Konopka recommends that programs that serve teens provide experiences in (1) making choices, (2) making commitments, and (3) trying a variety of roles based on 1) and 2). She castigates the correctional system as one of the greatest offenders to normal adolescent development, because it renders youth powerless and blocks maturation.<sup>70</sup> Expanding the codependency concept to professions and organizations, Whitfield cites as an example the criminal justices system, which “[spends] more money on incarceration and processing of alcohol-related crimes, while not

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<sup>67</sup> Howard Snyder and Melissa Sickmund, “Juvenile Offenders and Victims: A National Report.” (Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, 1995).

<sup>68</sup> James C. Howell, “Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders.” (Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention, 1995), 475-487.

<sup>69</sup> Howell, “Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders.” 475-487.

<sup>70</sup> Konopka, 291-316.

developing liaisons with local alcoholism treatment programs...the most effective deterrent to criminal recidivism.”<sup>71</sup>

This thesis project assumes that government agencies will not be effective in reversing the malaise of the substance-abusing adolescent. Indeed, much of the etiology is moral and spiritual.

As William Bennett, in an article in American Enterprise, has observed: “The most serious problems afflicting our society today are manifestly moral, behavioral, and spiritual, and therefore remarkably resistant to government cures.”<sup>72</sup> In support of this premise Time Magazine recently reported significant successes of Charles Colson’s Prison Ministries. “A University of Pennsylvania study found that graduates of the prison program were 60% less likely to be reincarcerated than was the average con”<sup>73</sup>

## TREATMENT AND RECOVERY

Intervention can succeed only when denial is dismantled and persons perceive the relationship between the use of chemicals and life problems.<sup>74</sup> Toward that end, this thesis explores various strategies, including the motivational enhancement techniques developed by Miller and Rollnick, for freeing our youth from the

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<sup>71</sup> Charles Whitfield, “Co-dependency: An Emerging Problem” in *Codependency*, ed. Kathy Capell-Sowder, John Friel, Terence Gorski, Jael Greenleaf, Marilyn Mason, Merlene Miller, Gerald Shulman, Robert Subby, John Wallace, Sharon Wegscheider-Cruse, Charles Whitfield, and Janet Woititz. (Deerfield Beach, FL: Health Communications, 1984), 54.

<sup>72</sup> William Bennett, “Devastation, Not Discrimination,” American Enterprise Magazine, Jan/Feb 1998, vol. 9, Issue 1, 13.

<sup>73</sup> Cathy Booth-Thomas, and others, “The 25 most Influential Evangelicals in America,” *TIME*, 7 February 2005.

<sup>74</sup> Wegscheider-Cruse, 256; Cermak, 231.



seductive “monster.”<sup>75</sup> Consistent with the Stage Change Theory of Prochaska and DiClemente, these focus on identifying and strengthening intrinsic motivation to change.<sup>76</sup>

Clinical Intervention, as pioneered by Johnson,<sup>77</sup> may, at times, be an essential tool as is use of Weigscheider-Cruse’s loving but systematic confrontation to help an at risk youth recognize the truth before the damage is irreparable.<sup>78</sup> Weigscheider-Cruse has also argued that the goal of early counseling is to dismantle the denial system in order to allow the pain of addiction to emerge and to be addressed. Motivational interviewing also unwraps the several layers of “The Onion” in less confrontive methodology.<sup>79</sup> For her, aftercare includes family therapy, group therapy with other families, and/or peers, and often assumes a Twelve Step methodology, such as that touted by Alcoholics Anonymous, Narcotics Anonymous, and/or Al Anon. There, group goals include sharing feelings, accepting and forgiving, and rebuilding lives.<sup>80</sup>

Earlier George Valliant, as cited by Kinney and Leaton, noted that all factors associated with recovery are embodied in AA affiliation and the “Twelve Step” recovery process which they believe can become a surrogate extended family for

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<sup>75</sup> William R. Miller and Stephen Rollnick, *Motivational Interviewing: Preparing People for Change*, (New York: Guilford Press, 2002), 98-111.

<sup>76</sup> Prochaska and DiClemente, “In Search of How People Change,” 390-395.

<sup>77</sup> Vernon E. Johnson, D.D., *Intervention: How to Help Someone Who Doesn’t Want Help* (Minneapolis: Johnson Institute Books, 1986), 3-110.

<sup>78</sup> Wegscheider-Cruse, 212-216.

<sup>79</sup> Miller and Rollnick, *Motivational Interviewing*, 43-52, 98-111.

<sup>80</sup> Wegscheider-Cruse, 76-88.

troubled youth.<sup>81</sup> As Cohen explains, in his work with conduct disordered adolescents, there exists a “need for personal advocates to help them redefine their relationship(s) with their parents and other authority figures.”<sup>82</sup>

### PASTORAL CARE AND ADOLESCENT SUBSTANCE ABUSE

In The Bondage Breaker, Anderson shares this poignant letter:<sup>83</sup>

Dear God:

Where are you? How can you watch and not help me? I hurt so bad, and you don't even care. If you cared you'd make it stop or let me die. I love you, but you seem so far away. I can't hear you or feel you or see you, but I'm supposed to believe you're here. Lord, I feel them and I hear them. They are here. I know you're real, God, but they are more real to me right now. Please make someone believe me, Lord, why won't you make it stop. Please Lord, please! If you love me you'll let me die.

-A Lost Sheep

Ten minutes later, the young woman tried to kill herself by overdosing on pills. As Anderson points out, “The kingdom of darkness was far more real to her than the presence of God.”<sup>84</sup> What he writes of her possession by the “Evil One,” could as well describe the despair of young persons harmfully involved or addicted to alcohol or other drugs at the point of having come to the end of them self. This thesis recognizes those same forces at work in the lives of such young people and seeks to substantiate addiction as a master tool of the darkness.

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<sup>81</sup> Kinney and Leaton, *Loosening the Grip*, 216-218.

<sup>82</sup> Cohen, *Kids Out of Control*, 8.

<sup>83</sup> Neil T. Anderson, *The Bondage Breaker: Overcoming Negative Thoughts, Irrational Feelings, Habitual Sins* (Eugene, OR: Harvest House Publishers, 2000), 17.

<sup>84</sup> Ibid.

Following Chapters of this thesis project address these issues in more detail and will propose strategies for prevention and intervention essential to overcoming the darkness through practical and biblically sound principals. Chapter two addresses the social, cultural and context of the adolescent experience which provides “the music for the waltz” while chapter three provides a brief overview of adolescence and conceptualization of adolescent development out which emerges “The Prodigal Son.” Chapter four describes the spiritual and theological framework for the specific focus of this thesis project, related to the person of the Prodigal, the journey, the decision to return and the “homecoming.” Chapter five reveals “The Monster,” the experience and process by which and individual moves for use, through abuse, to harmful dependency and to addiction. Chapter Six synthesizes the project material into a practical guide for “Interventions with the Substance Abusing Adolescent.” In Chapter Six, the author will outline strategies, concepts, and methods for restoring the life of the Prodigal Son in order that he may “come to himself” and be welcomed home.

“. . . The younger son gathered all he had and traveled to a distant country, and there he squandered his property in dissolute living.”<sup>1</sup>

## PREFACE TO THE FOLLOWING CHAPTERS

In preparation for the specific work of this thesis project which is the examination of the impact of substance abuse on the adolescent journey. It is the purpose of the following chapters to explore the Western social and cultural, psychological, and theological contexts providing impetus for what appears to be the universal human theme described in the familiar story of the prodigal son. This parable invites the emphasis on the examination of moral and spiritual development in childhood and in adolescence. It raises key questions; how does it happen? What does the process look like? Can it be shaped? By what means can this experience be shaped? Are there forces present either internal or external that make the prodigal journey inevitable? In what way do these various contexts exacerbate or shape the experience?

The parable also begs answers to other more specific questions: such as what was the *inheritance* that this young man took to the distant land? This is not so much a question about material possessions, but about the *stuff* on the inside the internalized voices, values and visions internalized from childhood. The parable calls attention to adolescence and young adulthood, as well as how their intensity may impact and

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<sup>1</sup> Luke 15:13, OAB.

perhaps subvert the internalized learnings of earlier periods.

In the perception of the author there are questions to be addressed about the journey itself, *the road more traveled*. What is there about this going one's way that is not only a natural developmental stage but a striking-out that often leads to places we wish not to go? How is it that so many youth enter at the "broad gate"? What are the values, internal voices, and external powers that cause them to become lost and to find themselves in want?

These chapters provides a brief overview of the social, psychological, economic, theological and spiritual forces that shape the visions, the values, the voices, and the passions of adolescence essentially providing the "music" for *waltzing with the Monster*. These questions, including the answers to them, have implications for early childhood education in the family, in the church, and in secular programs. This thesis also impels an analysis of the process of adolescent and young adult development over against efforts by church staff and other youth workers to shape and guide this crucial stage of development.

This author's purpose in this brief analysis of these issues and processes is to develop insight into possible interventions along the life span which might alter the journey or invite the Prodigal's return. Interestingly, this study also demands of those who would influence the young that they begin this analysis with the process of introspection.

Henri Nouwen, one of the spiritual giants of the twentieth century, cites the work of Kenneth Bailey who put the parable of "The Prodigal Son" into historical

perspective in a way that suggests the necessity of looking inward as well as outward if we are to understand the depth of the forces motivating the journey.

Nouwen quotes Bailey who writes:

For over fifteen years I have been asking people of all walks of life from Morocco to India and from Turkey to the Sudan about the implications of a son's request for his inheritance while the father is still living. The answer has always been emphatically the same . . . the conversation runs as follows:  
 'Has anyone ever made such a request in your village?  
 Never!  
 Could anyone ever make such a request?  
 Impossible!  
 If anyone ever did, what would happen?  
 His father would beat him, of course!  
 Why?  
 The request means—he wants his father to die.'<sup>2</sup>

Nouwen responds:

'This explanation is significant to me, not only because it provides me with an accurate understanding of the parable in its historical context, but also—and most of all—because it summons me to recognize the younger son in myself.'<sup>3</sup>

The author had the privilege of knowing Henri Nouwen and was his student, thus the awareness of his recognition of the archetypal theme in this parable takes on added significance in the context of this thesis project. Therefore, the impetus for the prodigal journey therefore comes from beyond and from within, as well as from the influences of the family and culture. This is of no small consequence for one seeking to understand the adolescent experience in contemporary society.

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<sup>2</sup> Henri Nouwen, *The Return of the Prodigal Son* (New York: Doubleday, 1992), 35.

<sup>3</sup> *Ibid.*, 36.

It will be of paramount importance to examine this journey theologically as well as developmentally and culturally. Theological insight and introspection informs all of the other dimensions of the study. The theology, (the understanding of the nature and meaning of life,) surrounds all other perspectives. Nonetheless, the examination of the several aspects of the *prodigal dilemma* must be divided into understandable parts, beginning with the social and cultural context within which it occurs. While the author perceives the prodigal journey to be universal, this work will be limited to a study of this issue in the context of Western culture, and for the most part American culture and social context.

In the examination of these matters, it will be necessary to address the nature of adolescence from various perspectives. Those perspectives must include the key psychological and sociological concepts of adolescence, the qualities of adolescence as a developmental stage, and the conditions necessary for healthy development. It will also be necessary to briefly explore the process of moral development and spiritual development and to examine the views of theologians Nouwen, Fowler, and some of the teachings of the church fathers. It will be essential to explore the research of psychologists such as Piaget and Kohlberg, as well as that of other writers and researchers who bring insight to this study of the adolescent experience. This review of writings is undertaken with the intended purpose of understanding the person, the inheritance, the journey, and the homecoming particularly as related to the substance abusing adolescent.

The challenge of the work in this thesis is to find at least some answers to the following questions. Is there something, *stuff* on the inside that the prodigal takes to

the distant country? And, if there are internalized voices, values and visions, how do they order themselves in terms of priority and intensity? In what way does the use of mind altering chemicals distort what is there?

Is there anything significant and lasting that happens in the home, church, and in other settings that endure? If so, how is it that the prodigal journey is an almost universal right of passage? More importantly, what happens that so many become stranded in the distant country and cannot, or will not, find the pathway home?

Is the prodigal who comes to himself (or herself) responding to the internalized voices from childhood, or is it that the voices from childhood that compel the journey? Is the loving father a recorded message in the unconscious, (internalized voice of the parent,) or subconscious of the prodigal? Or is his "coming to himself" only a random act in response to hunger and want?

What if in childhood there were no values, no boundaries, and no presence of a loving father? Does the absence of a mother or father change the journey? Does the fundamental process of education about good and evil and the nature and meaning of our existence have any lasting impact?

Ultimately, is it the internalized voice of *The Father*, some would call the Holy Spirit, that calls the prodigal home? And, what if the prodigal has no conceptualization from church or childhood? Is that "still small voice" audible at some level? Of particular interest in this thesis is the question, how might we turn up the volume? Might it be possible to plan prevention (harm reducing) activities and to identify interventions along the lifespan? Is there some method of inoculation available? What, if any, "vaccine" is available that would increase the young



person's resistance to this morass and/or help them to earlier know when to seek remedy?

At the core of this contextual seeking is the examination of the process of moral and spiritual development over against other forces present in the adolescent experience.

**CHAPTER 2**  
**THE SOCIAL AND CULTURAL CONTEXT**  
**“MUSIC FOR THE WALTZ”**

This chapter will explore the social and cultural issues and processes in human development that pre-dispose young people into venture upon the prodigal journey. This contextual overview of the metaphorical “*background music*” sets the stage for examination of how the abuse of and addiction to mind altering chemicals exacerbates the intensity and duration of problems throughout the journey, often resulting in the young person being *devoured* in the process as if by a *monster*. What is the source of this energy, this “motor” which propels young people to seek that which is in the distant land and to engage in “dissolute living”? How is it that all human beings seem imbued at our core with what the author perceives as the *eternal no!*

Is this whole struggle social and psychological or are there spiritual issues that are deeper than the mere fluff of contemporary spiritual seeking? Could it be that the current day secular perspective, consisting of universal, politically correct humanistic and “tolerant” spirituality that is part of the problem? Conversely, is this a movement, which at its core points to an ultimate question, perhaps *The Question* that might inform all of the other questions put forth in this thesis project?

It is telling to examine in even a rudimentary way the *prodigal* experience in our culture. The clearest manifestation of the prodigal journey is found in the experience of adolescence and young adulthood. There are precedent forces at work in childhood and

in childhood and replication of the theme in what we in western culture call “mid-life crisis,” but the in childhood and replication of the theme in what we in western culture call “mid-life crisis,” but the clearest and most universal examples are found in the experience of adolescence and young adulthood.

The prodigal journey might be described in secular language as the adolescent dilemma. Siegal and Senna in their book Juvenile Delinquency; Theory, Practice, and the Law, describe the “adolescent dilemma” as follows, raising questions about causation:

This latest generation of adolescents has been described as both cynical and political. They seem overly preoccupied with material acquisitions and lack interest in creative expression. By age 18, they have spent more time in front of a television set than in the classroom; each year they may see up to one thousand rapes, murders, and assaults on television. What effects does such prolonged exposure to violence have on child development?

*And why does the United States, considered the richest country on earth and leading the world in many economic and social categories, come up short in many areas of child welfare?*<sup>1</sup>

Two graphics from The State of America’s Children Yearbook 1998, illustrates the authors’ questions and reasons for concern.

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<sup>1</sup> Larry J. Siegel and Joseph J. Senna, *Juvenile Delinquency; Theory, Practice, and Law* (Belmont, CA: Wadsworth/Thomson Learning, 2000), 6.

## MOMENTS IN AMERICA FOR CHILDREN

- ◆ EVERY 9 SECONDS a child drops out of school.
- ◆ EVERY 10 SECONDS a child is reported abused or neglected.
- ◆ EVERY 15 SECONDS a child is arrested .
- ◆ EVERY 25 SECONDS a child is born to an unmarried mother.
- ◆ EVERY 32 SECONDS a child sees his/her parents divorce.
- ◆ EVERY 36 SECONDS a child is born into poverty.
- ◆ EVERY 36 SECONDS a child is born to a mother who did not graduate from high school.
  
- ◆ EVERY MINUTE a child is born to a teen mother.
- ◆ EVERY 2 MINUTES a child is born with lows birth weight.
- ◆ EVERY 3 MINUTES a child is born to a mother who received late or no prenatal care.
- ◆ EVERY 3 MINUTES a child is arrested for drug abuse.
- ◆ EVERY 4 MINUTES a child is arrested for alcohol related offense.
- ◆ EVERY 5 MINUTES a child is arrested for a violent crime.
- ◆ EVERY 18 MINUTES an infant dies.
- ◆ EVERY 23 MINUTES a child is wounded by gunfire.
- ◆ EVERY 100 MINUTES a child is killed by gunfire.
- ◆ EVERY 4 HOURS a child commits suicide.

Source: Children's Defense Fund, *the State of America's Children Yearbook 1998* (Washington D.C.: Children's Defense Fund; p. 1)

## WHERE AMERICA STANDS

**Among industrialized countries. The United States ranks:**

- 1<sup>st</sup> in gross domestic product
- 1<sup>st</sup> in the number of millionaires and billionaires
- 1<sup>st</sup> in health technology
- 1<sup>st</sup> in military technology
- 1<sup>st</sup> in military exports
- 1<sup>st</sup> in defense spending
- 10<sup>th</sup> in eighth grade science scores
- 16<sup>th</sup> in living standards among the poorest 1/5 of children
- 17<sup>th</sup> in rates of low-birth weight births
- 18<sup>th</sup> in the income gap between rich and poor children
- 18<sup>th</sup> in infant mortality
- 21<sup>st</sup> in eighth grade math scores
- LAST in protecting our children against gun violence

**According to the Centers for Disease Control and Prevention, U.S. children under age 15 are:**

- 12 times more likely to die from gunfire,
- 16 times more likely to be murdered by a gun,
- 11 times more likely to commit suicide with a gun, and
- 9 times more likely to die in a firearm accident.

**...than children in 25 other industrialized countries combined.**

Source: Children's Defense Fund, *The State of America's Children Yearbook 1998* (Washington D.C.: Children's Defense Fund; p. 2)

<sup>2</sup> Ibid., 6-7.

Not surprisingly, Siegal and Senna list four primary risk factors related to healthy development during the adolescent years. They state:

The most pressing problems facing American youth revolve around four issues.

**Poverty-** About 20 percent of all children are now living below the poverty line, which is about \$16,000 annual income for a family of four. Although the percentage of extremely poor adolescents in the population has remained fairly steady since 1980, the Tufts University Center on Hunger, Poverty, and Nutrition Policy estimates that 20.7 million or 28 percent of all minor children will be living in poverty by the year 2012.

**Family Problems-** Divorce strikes about half of all new marriages, and many families sacrifice time with each other to afford better housing and more affluent lifestyles. Research shows that children in the United States are being polarized into two distinct economic groups: those born into affluent, two-earner, married couple households and those residing in impoverished, single-parent households.

**Urban Decay-** The destructive environment of deteriorated urban areas prevents too many adolescents from having productive, fulfilling, and happy lives. Many face an early death from random bullets and drive-by shootings. Some are homeless, living desperate lives on the street where they are at risk of drug addiction and sexually transmitted diseases (STDs) including AIDS. One study of 425 homeless “street kids” in New York found that 37 percent earned money through prostitution and almost one third had contracted an STD.

**Inadequate Education-** The U.S. educational system, once the envy of the world now seems to be failing many young people. We are lagging behind other developed nations in critical areas such as science and mathematics achievement. The rate of retention (being forced to repeat a grade) is far higher than it should be in most communities. Retention rates are associated. . . .<sup>3</sup>

Further, Aaron Kipnis, in his captivating study of “Angry Young Men,” outlines the forces, pathways and failures of society that results in so many becoming involved in criminal behavior. He notes some alarming statistics that should call the church

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<sup>3</sup> Siegal and Senna, *Juvenile Delinquency*, 8.

and secular institutions to introspection as relates to young men on the prodigal journey. He writes

In 1999 males in the United States accounted for:

- \* The majority of children abused, neglected, and murdered.
- \* The bulk of children in foster care and juvenile institutions.
- \* 70-75% of student suspensions, expulsions, grade failures, special education referrals, school violence casualties, and all other assault victims.
- \* 75-80% of the homeless, drug addicts, alcoholics and suicides.
- \* 80% of homicide victims.
- \* 90% of persons with AIDS.
- \* 93% of workers killed or seriously injured on the job.
- \* 95% of prisoners and parolees.
- \* 98% of combat veterans.
- \* 99% of raped and executed prisoners.

Most were boys or young men when they first appeared in these categories.<sup>4</sup>

Expanding upon the social and cultural context for problem development, Kipnis describes “seven pathways to prison.” The seven pathways and society’s failures related to them raise one’s awareness of what might have been, or what might be if the human family could get it right! That is, if they could perhaps discover-then-surrender to core values that would guide behaviors and values that could be transmitted to each succeeding generation. Not surprisingly, Kipnis catalogues a plethora of interpersonal and intrapersonal human failures that are exacerbated when institutions attempt to fill the void originating in the family, a matter of primary concern to the church in the twenty first century.

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<sup>4</sup> Aaron Kipnis, *Angry Young Men, How Parents, Teachers, and Counselors can help “Bad Boys” Become Good Men* (San Francisco: Jossey-Bass, 2002), IX-X.

Of concern, but not a matter for surprise to Christian leaders, are Kipnis' findings that the first pathway to prison is the dysfunctional and abusive nuclear family. While these families exist both inside and outside the community of faith, the etiology of the problem can be seen with more clarity through the eyes of those who understand that the struggle is not only "against flesh and blood." The author would argue, from a theological and from a humanistic point of view, that perhaps the most dysfunctional abusive families are the most functional in the successful separation of human beings from the very relationships and values that might have allowed a nurturing and positive childhood and adolescence. "For our struggle is not against enemies of blood and flesh, but against the rulers, against the authorities, against the cosmic powers of this present darkness, against the spiritual forces of evil in the heavenly places."<sup>5</sup>

Kipnis succinctly describes the positive and the negative social, psychological and cultural forces that give impetus to the prodigal journey. Perhaps without intending, he also affirms biblical teachings on family and related issues as well. "Children who live with both biological parents have the lowest reported rates of maltreatment (3%)." Furthermore, "Single mothers with young children living below the poverty line, together with alcoholic and drug addicted parents of both sexes, have the greatest statistical risk of abusing or neglecting boys."<sup>6</sup>

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<sup>5</sup> Ephesians 6:12, OAB.

<sup>6</sup> Kipnis, *Angry Young Men*, 17.

The second “pathway to prison,” according to Kipnis, is related to the failure of the schools to identify the problems of the restless and acting out children or to address the problems in a helpful way. He states:

“Because bad boys are referred to programs in which the staff usually has the lowest level of training, the poorest tools, and most dilapidated facilities, our highest risk students tend to become the least well cared for.”<sup>7</sup>

And:

“There is a clear, causal link between academic failure in boys and their involvement in the disruptive, violent, and criminal activities that channel them out of the educational institutions and into the criminal justice system.”<sup>8</sup>

*Prodigal families* have lost their way, raising children in overtly or covertly abusive environments. The author would add that abandonment issues may be similar in the decimated family unit and in the family unit where two parents are working so long and hard for “the system” (principalities) and for goods that they have no quality, (relational,) time with one-another or their children. To further state that which is perhaps obvious, quality time and quantity time are two sides of the same coin. As Kipnis points out, schools cannot fulfill the role of a two parent, loving, and *present* family unit. The raising of healthy and responsible children is contact intensive.

The most damaged, (lost,) children further face the struggles on the “mean streets,” which Kipnis rightly identifies as a third pathway to prison. Quoting the

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<sup>7</sup> Ibid., 43.

<sup>8</sup> Ibid., 55.



words of a young man with whom he had contact, Kipnis describes through the perceptions of a runaway, the nature of the problem as commonly experienced by many young people. "Hell, I'm still safer in the streets than I ever was at home."- Joseph, 14, a street hustler in a youth shelter after being beaten by a customer.<sup>9</sup>

A description of the mean streets reflects for Kipnis, and for the author, a cost of denial, or not understanding what might have been, what could have been, and what should have been. It is also a telling commentary on a segment of a culture which has lost contact with a theological framework that might have provided the guidance, support and relational glue that may well have prevented the young person from embarking on the journey to those mean streets. Related to this malaise, Kipnis provides a telling picture of the result of family disintegration in the following discussion of why so many boys are homeless.

More than any other issue, poverty is the key element pushing increasing numbers of young men onto the streets. Now, with welfare reform, more mothers with children are also homeless. As their mothers' benefits shrink below the capacity to maintain a home, more children of both sexes are put at risk.<sup>10</sup>

And:

"American youth in the mid-1990s were 50% more likely to be poor as in the mid- 1970's".<sup>11</sup>

A recent review of homelessness in Augusta, Maine, noted that Eighty-two (82%) of teen births in Maine are to unmarried teens. A clearly related problem is that

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<sup>9</sup> Ibid., 69.

<sup>10</sup> Ibid., 77.

<sup>11</sup> Ibid., 79.

the minimum rate of earning necessary to afford a two bedroom apartment would be \$12.00 an hour, nearly double the current minimum wage. Furthermore, this same report indicates that women constitute 47% of the labor force in Maine and 60% of employed women are employed in just two industries- retail trade and services. Average weekly earnings for these industries are \$247.00 per week in retail trade and \$385.00 per week in services (1992 data). In this report 33% of poor people in Maine are children. Fifty four percent (54%) of families in the State of Maine are headed by divorced mothers dependent upon child support or alimony, the national rate is 35%.<sup>12</sup>

It seems quite clear that a two-parent home might have dramatically altered this phenomenon, assuming of course, healthy values and boundaries. The above problems are not surprising when one contemplates a divorce rate of approximately 50% and a 75% church non-attendance rate in society.

The relationship between serious substance abuse and poverty is profound. A 1998 State of Maine Legislative Subcommittee Report states:

People in Maine's general population have more education and more money than people receiving substance abuse services. Twice as many people in Maine's general population (40%) receive at least some college education, than do people entering OSA funded services (19.6%). The per capita income of all Maine people (\$20,105 in 1995) is at least two and a half times greater than the income (\$7,992 or less a year) reported by the people entering OSA-funded services who report household incomes."

"Studies have shown that preventing problematic substance use can be an important component in helping reduce both the social and economic costs of substance abuse.

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<sup>12</sup> The Augusta Homeless Report, Special Edition; June 2003.

Research suggests that for every dollar spent in preventing illicit drug use, there is a fifteen dollar savings in dealing with the consequences of drug use and addiction.<sup>13</sup>

The “juvenile injustice” system is a fourth pathway to prison according to Kipnis, which he goes on to refer to as “The Twenty-First Century Snake Pit.” In this section Kipnis also emphasizes the cost-benefit factor in prevention and treatment. “*A year of imprisonment costs \$30,000 to \$36,000 per boy....*”<sup>14</sup>

A fact not lost to the author is that those costs approximately parallel the cost of attending a really good prep-school or college. It is not possible to examine thoroughly all of the related diseconomy issues and it is beyond the scope of this chapter to do so. However, further evidence that Kipnis is correct in his perception and that the emphasis of this chapter is well focused is underscored by the following data from his research:

When Jerome Miller took over the Massachusetts Commission of Youth Corrections he was appalled at the conditions and the treatment of the youth there. He ordered an end to corporal punishment and proposed many other reforms. Many of the guards, however, resisted. So he just closed all the youth corrections facilities in the state. The inmates were paroled or placed among 200 community-based treatment programs. Subsequent to this dramatic action, there was no increase in the recidivism rate for juveniles. The funds saved from youth corrections paid for all the rehabilitation-oriented programs with no increased cost to the state.<sup>15</sup>

These data have significant potential implications for church and community collaborative efforts.

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<sup>13</sup> The Largest Hidden Tax: Substance Abuse in Maine, Executive Summary, (Maine: Task Force on Substance Abuse, 1998), 1-8.

<sup>14</sup> Kipnis, 99.

<sup>15</sup> *Ibid.*, 103.

Kipnis goes on to describe the personal despair of having no home and no loving father (or mother) in language that should be "music to the ears" of church leaders. He writes:

Throughout my childhood and adolescence, as I bounced among family, friends, foster care, the streets, the institutions, I never lived in the same place for more than one year. The cumulative effect of this chaos gradually instilled a belief that nothing was stable, the world was unsafe, everything was subject to change, all relationships were conditional, and no one could really be truthful.

Although these experiences created paranoid tendencies in my thinking, they also led me on a spiritual quest for enduring values. I began to look for places of refuge....<sup>16</sup>

In the context of this thesis project it is significant that Kipnis' statement describes the beginning of a "*spiritual awakening*" and an inner longing for *refuge* which in Christian world view are two sides of the same coin. In this moment of clarity an appropriate intervention could mean the difference between life and death. To this end, the role of the community of faith in this process will be explored in detail later in this work.

For Kipnis, the fifth "pathway to Prison" is the "mean streets" and the experience of being abandoned. The author considers Kipnis' experience to be a description of one form of the "inheritance" which he as a young person carried to the "distant land." It is not surprising that he did not return home in the literal sense.

Of special significance to this thesis project is "The sixth pathway to prison" which, according to Kipnis, is the problem of drugs and criminalization. Once again the old adage applies. "When we point the finger at someone else there are three more

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<sup>16</sup> Ibid., 91.

pointing back at us.” Kipnis notes the rampant hypocrisy that exists in our culture with respect to drug related problems:

Boys who smoke pot feel especially cynical when adults who drink alcohol tell them not to use marijuana.<sup>17</sup>

Boys emulate adults around them, who purchase and consume the vast majority of drugs and alcohol.<sup>18</sup>

Kipnis argues that our current intervention strategy at a societal level is both unhelpful and counter productive. The author echos these concerns as it is abundantly clear from even casual observation that incarceration alone does not rehabilitate, nor is there a single quick antidote for this growing tragedy. With specific reference to failed strategies to provide a quick fix for drug abuse among youthful abusers, Kipnis offers perspective by one further example of the strange misappropriation of funds by our government in the attempt to “quick fix” this multi dimensional problem:

The billion dollars this same Congress allocated in 1998 for youth-oriented, anti-drug media campaigns did a lot for the prosperity of ad companies and television networks. That money however, could have sent 80,000 to 150,000 at-risk youth to college or trade school, provided a year of quality outpatient drug treatment for 350,000 young addicts, or provided wages for one million mentors or reading tutors to spend a few hours with an at-risk boy each week. These are the sorts of interventions that create lasting and significant changes in self-destructive behaviors like drug abuse. For instance, although there is no positive correlation between incarceration and reduced drug involvement, there is a direct relationship between the level of education and drug, alcohol and tobacco use; the less of the prior, the more of the latter.<sup>19</sup>

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<sup>17</sup> Ibid., 123.

<sup>18</sup> Ibid., 124.

<sup>19</sup> Ibid., 125.

The 1998 State of Maine Legislative Sub-Committee Report: The Largest Hidden Tax: Substance in Maine, underscores Kipnis' concerns decrying the lack of treatment options for young people in trouble: "Over the past two years, OSA has screened 1,300 juvenile offenders, of whom 72% required further substance intervention. However, only about 20% were referred for screening."<sup>20</sup> As the above relates to the focus of this thesis project Kipnis concludes this section of his writing with the following observations: Most young men desperately need to feel connected to a sort of tribe- a church group, the boy scouts, an athletic team, or-without a positive option for membership- a gang.<sup>21</sup>

In the experience of the author, as well as researchers Chesney-Lind and Sheldon,<sup>22</sup> the same can be said for females. The reasons girls join a gang are much the same as those of their male counterparts: a sense of belonging (family like) power, protection, respect, fear, sometimes paranoia. In addition, with membership come prestige and identity, guidance, and ample access to drugs and cash.<sup>23</sup> Clearly, in both genders, when meaning is absent, other dark forces rush in to fill the hole in the soul like thunder after lightning.

The church and persons of faith have an obligation to reach out to troubled families and troubled youth in a manner that is relevant to their lives. In the absence of such a concerted effort the consequences appear grim.

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<sup>20</sup> The Largest Hidden Tax: Substance Abuse in Maine, Executive Summary (Maine: Task Force on Substance Abuse, 1998), 1-8.

<sup>21</sup> Kipnis, 134.

<sup>22</sup> Meda Chesney-Lind and Randall G. Shelden, *Girls Delinquency, and Juvenile Justice* 2<sup>nd</sup> ed. (Belmont, CA.: Wadsworth Publishing Company, 1997), 79.

<sup>23</sup> *Ibid.*

The seventh pathway to prison according to Kipnis is the youth correctional institutions and programs. With reference to data from the California Youth Authority, he notes:

Within a decade of release, 6% of CYA offenders are dead. This gives us ex-youth authority offenders the highest mortality rate for that age group in the nation.<sup>24</sup>

Alluding to the shared concern of the author, Kipnis goes on to point out:

In common with the majority of all youth at risk, a factor most adolescent gang members and drug addicts share is an absent father...

One of the chief predictors of crime in a community today is the percentage of father absent households.<sup>25</sup>

Current research from other sources describes an equally grim picture:

63% of youth suicides are from fatherless homes.

85% of all children that exhibit behavioral disorders come from fatherless homes.

75% of all adolescent patients in chemical abuse centers come from fatherless homes.<sup>26</sup>

Researchers, Chesney-Lind and Sheldon outline similar troubling facts related to female adolescents. Referencing research by Finkelhor, Hotaling, and Sedlak 1990 they state:

The most recent national data suggests that there were an estimated 445,700 youths who ran away from home in 1998 and an additional 12,800 who ran from juvenile facilities; 58% were girls (Finkelhor, Hotaling, and Sedlak 1990:186). Moreover, 127,100 children are on the streets as "throwaways": children told to leave home by parents, or children whose parents make no

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<sup>24</sup> Kipnis, 146.

<sup>25</sup> Ibid., 151.

<sup>26</sup> Statistics of a Fatherless America, [website], (dads4kids.com: Facts on Fatherless Kids), [https://photius.com/feminocracy/facts\\_on\\_fatherless\\_kids.html](https://photius.com/feminocracy/facts_on_fatherless_kids.html), (accessed July 18, 2005).

effort to recover them. Girls constitute 53% of this group...Most runaways have experienced severe problems at home; however those who run away from home more than once have the most severe problems (Olsen et. al. 1980). (36)<sup>27</sup>

Contributing to these problems are the on-going cultural shifts that have eroded the traditional code of paternal identity and responsibility. Children living in single-parent homes have increased from five million to over seventeen million since the 1970's. National gang authority Steve Nawojczyk calls youth gangs the 5H club. "They are homeless, helpless, hungry, hug less, and hopeless..." gangs are the strongest where communities are the weakest." –T.V. appearance.

It is beyond the scope of this chapter to offer a comprehensive treatise on sociology of adolescence, but a final reference from Kipnis provides an azimuth pointing to a theme central to the focus of this project. Near the end of his book he writes:

For many former bad boys who are good men today, some sort of spiritual experience turned the direction of their lives. So in paying full homage to the power of good parenting, education, counseling, real justice, community support, and economic opportunity, it would be remiss not to acknowledge the power of a spiritual community.<sup>28</sup>

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<sup>27</sup> Chesney-Lind and Sheldon, *Girls Delinquency*, .

<sup>28</sup> Kipnis, 200.



**CHAPTER 3**  
**THE EXPERIENCE OF ADOLESCENCE AND ADOLESCENT**  
**DEVELOPMENT**  
**“THE EMERGENCE OF THE PRODIGAL”**

This Chapter further focuses the purpose of this project through a brief description of the nature of adolescence and the process of adolescent development. Through time most who work with, worry about, study, or who are living with an adolescent in motion have pondered the etiology and nature of the experience, both for them and for those on entrusted with their cases.

Linda Neilson, in her book Adolescence: A Contemporary View, describes the adult experience in relating to the adolescent in words echoed over the centuries and central to this project. In describing her early years as a teacher and school counselor she relates the nagging questions:

Why was I able to influence some of my teenage students and clients in ways that seemed to transform their lives but unable to make any impressions whatsoever on others? Why did some of my students from low-income and physically abusive families succeed when others from wealthier, loving families failed? Why did some change their self-destructive behavior while others kept repeating their mistakes, continually shooting themselves in the foot?<sup>1</sup>

A number of theories of adolescence have been derived over the years all asserting causality.

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<sup>1</sup> Linda Nielsen, *Adolescence: A Contemporary View* (Fort Worth: Harcourt Brace Publishers, 1996), 93.

Biological Theory: G. Stanley Hall was an early pioneer in the school of biological causality. That view asserted that behavioral manifestations of adolescence are the result of physiological changes that occur in the developing adolescent.

Behavioral and Social Learning Theory: These theories were and are based upon the assessment that how we behave and who we become in the teen years and later is the direct result of the impact of the adolescent's environment.

B.F. Skinner promulgated a theory that an individual's behavior, attitudes, and values are responses to the experience of punishment and reinforcing experiences impacting the individual along the life span beginning at birth.

Psychoanalytic Theory: Sigmund Freud and other psychoanalytic theorists observe the 'journey' from the perspective that behavior in adolescence is shaped by environmental factors primarily in their early childhood. Adolescent behavior is a response to the various experiences of a child in the family unit during the first few years of life.

Cognitive Stage Theories: Jean Piaget (and later Kohlberg) developed stage theories proposing that behavior is related to stages of development. The process of maturation is seen as evidence that the adolescent/young adult has finally arrived at a stage of 'formal operational thinking'. However, from the point of view of the behavioral sciences, no single theory totally explains adolescent transitions.<sup>2</sup>

Human beings influence and are influenced by a variety of complex systems and subsystems. Persons act and are acted upon. Throughout life persons have the capacity to grow, to change, and to modify behavior. This happens in accordance with

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<sup>2</sup> Ibid., 7-13.

the *beliefs* and *values* of the individual. Value formation within the individual is a continuing process, partly emotional, partly intellectual, and partly spiritual. It is born out of interaction between the individual and the systems that touch him. These systems form and shape that which the author metaphorically refers to as “the inheritance.”

### **A VIEW OF ADOLESCENCE UNDERLYING THIS STATEMENT**

The following conceptions of adolescence emerge as part of the view in which adolescence is not seen purely as a preparation for adulthood. Rather it is seen as one part of the total developmental process—a period of tremendous significance distinguished by specific characteristics. Central to this view is the concept that adolescents are growing, developing persons in a particular age group—not pre-adult, pre-parents, or pre-workers, but human beings and God’s children, participating in the activities of the world around them. Adolescence is seen not just as a passage to somewhere but also as an important stage in itself. Adolescence, as a stage of development – is an “appointed time.” “He has made everything suitable for it’s time; moreover he has put a sense of past and future in their minds....”<sup>3</sup>

In setting down what is considered to be the significant characteristics or key concepts of adolescence, it must be emphasized that they will not apply precisely to any and all persons, groups, or subgroups. Circumstances and timing, combined with individual differences, make for a wide variety of behavior patterns, interactions, and

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<sup>3</sup> Ecclesiastes 3:11 O.A. Bible

outcomes. The following psychological concepts summarize and expand upon the work of Gisela Konopka and Linda Nielson related to the Psychology of Adolescence:<sup>4</sup>

### KEY CONCEPTS OF ADOLESCENCE

The experience of physical sexual maturity: A phenomenon specific to adolescence that never occurs again in the life of the individual is the process of developing sexual maturation, different from the state of accomplished sexual maturation. Biologically this is a totally new experience. Its significance is due partly to its intensity and pervasiveness and partly to the societal expectations surrounding it. It creates in adolescence a great self-awareness and the feeling of having something in common with all human beings. It influences their whole relationship to each other, whether male or female. Entering this part of maturity also newly stimulates them to assess the world. Indicative of the importance attached universally to maturation of the sex organs are the puberty rites and initiation rituals that mark the transition from childhood to adulthood in many cultures, including present day USA.

The experience of the withdrawal of and from adult support and protection: Along with biological maturity attained in adolescence come varying degrees of withdrawal of and from the protection generally given to dependent children by parents or others. We know that some young people, as Kipnis described earlier, were never protected, even as children, but there is in this basic definition the assumption of a modicum of

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<sup>4</sup> Gisela Konopka, "Requirements for Healthy Development of Adolescent Youth," *Adolescence*, vol. VIII, no. 31 (Fall 1973): 5-7; Nielsen, *Adolescence*, 101-139.

protection as a healthy base. Whatever the degree of previous protection, in adolescence there is the experience of moving out from the family toward interdependence (not independence but *interdependence*) in three areas: (1) with peers, their own generation; (2) with adults and authority figures, but now on a level of equality in interactions or in a rebellious level instead of a dependent level (a side note to this process is that adults often increase their attempt to control and direct adolescents, which tends to promote active rebellion); and (3) with younger children, not on a play level but on a beginning-to-care-for-and-nurture level. This process of moving away from dependency creates tensions and emotional conflicts under even the most ideal conditions.

A heightened consciousness of self in interaction: It has been said that adolescents dance to an imaginary audience. The development of self and the searching for self begins in childhood, but the cognitive as well as the emotional awareness of self in interaction with others is particularly intense in the experience of adolescence. At this time personal meaning is given to new social experiences. The young person defines for himself what he is experiencing in his relationships with others. His 'meaning' may be different from those with whom he is interacting, but so long as it makes sense to him he can grow and move forward. The kind of categories he used as a child to figure out the world begins to break down. What may have been clear and explainable may suddenly become inexplicable.

The re-examination of values: Though the formation of values is a lifelong developmental process, it peaks in adolescence. It is related to both thinking and feeling and is influenced by human interaction. In Western culture, where young

people are likely to be exposed to a variety of contradictory values, questioning begins even in childhood. The adolescent engages in re-evaluation of values that have been accepted at an earlier age, including those values rejected previously because of individual resistance. At this developmental stage, the adolescent moves beyond simple perception and sees things in a moral framework as good and bad. There is a conscious search for clarification of life issues and values and the meaning of life. This is in part a theological quest, although often without the framework of religious practice. At this stage the young person becomes concerned with the moral dilemmas of their day. Given the inconsistency of a society whose institutions frequently do not follow the general propositions of the stated ideological system, ethical and moral dilemmas are inevitable. Clearly, the current turmoil related to moral and ethical failures in the Roman Catholic Church related to the sex abuse scandals has resulted in increased anxiety and scrutiny by the adolescent/young adult population.

The perception that one is not safe with either clergy or church hierarchy only serves to intensify the potential alienation. In fairness, the author acknowledges that the lack luster response and occasionally corrupt practices of some Protestant churches and the impending split of some “mainline denominations” over the issue of homosexuality is also not helpful. The young, because of the intensity of the process of maturation, physically, emotionally, and spiritually, tend to be uncompromising. They may opt either for a thoroughly egalitarian worldview with an “all roads lead to god,” theology, and system, or they may give up and become cynics with an agnostic or atheistic point of view. However, the core desire of each new generation of

adolescents is to start over again; to *make it right*, (to return to The Garden.) In this, there is hope. There is a renewed spiritual seeking which has both positive and negative implications for the task upon which this study is focused.

The impetus for experimentation: Today, the developing adolescent is in possession of greater physical, mental, and emotional capacity, and perceived power, (even a sense of omnipotence,) and, therefore, is filled with a great thirst to try out those capacities. Experimentation is omnipresent, as important as eating or sleeping. Human beings learn through experimentation beginning in childhood and the process continues across the life span. The growth-learning process in the adolescent period results in the desire to experiment with wider circles of life challenges, to interact with various groups of people, and to experience other cultures. There is a drive and its corollary, an essential need, in adolescence to experiment with their own strength in all its forms, to examine value systems belonging to various groups, to try out intimate relationships, and to engage in diverse forms of adventure. The experimentation necessary to adolescent development usually involves the experience of the feeling of risk. It is through this that the adolescent tests their newly found capacities and learns about and tests their own and surrounding reality.

As the parable of *the prodigal* illustrates, this need is fraught with danger in part because adolescents are not as cautious as adults. These intense needs form a filter through which the adolescent begins to contemplate *the "distant land."* It is a normal part of maturation and escape, which must have some outlet. It can become a major form of positive healthy development of the young, or it can lead to alienation and slavery.

## THE QUALITIES OF ADOLESCENCE

Propensity to embark on the prodigal journey is, in part, related to the qualities and developmental characteristics peculiar to this period and present in intensified form. These can be healthy, normal, and not detrimental, or they can be negative and destructive.

The drive to experiment is coupled with a mixture of audacity and insecurity. The audacity is related to being not experienced enough to envision harmful consequences of a given action; the insecurity is related to the uncertainty that accompanies inexperience and the lessening or withdrawal of protection.

Significant to the core tenets of this thesis project are two intrinsic qualities of adolescence. Frequently present are a deep sense of loneliness and a high degree of psychological vulnerability, two significant qualities of adolescence that increase the potential for positive or negative outcomes. Every attempt at experimentation and reaching out is new and intense and the consequences thereof vary widely. If the outcome is negative, it is exceedingly painful because youth do not have a bank of positive experiences to draw from when failure occurs. If the outcome is experienced as pleasurable in the absence of healthy values and personal boundaries, this too can cause mutation in the normal process of adolescent development. Milkman and Sunderwirth, in their book, *Craving for Ecstasy* state:

...there are essential biological, psychological, and social common denominators between drug use and other habitual behaviors. Whether your pleasure is meditation or mescaline, cocaine or cults, you are addicted if you cannot control when you start or stop an activity.<sup>5</sup>

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<sup>5</sup> Harvey B. Milkman and Stanley G. Sunderwirth, *Craving for Ecstasy* (San Francisco: Jossey-Bass, 1987), xi.



These qualities of adolescent development are a resource for hope and a potential nemesis for persons and institutions that would address these issues and consider programs for the adolescent population.

Dramatic mood swings are usually cited as characteristics of adolescence. Many factors contribute to the swings. Physiological changes are related to emotional changes. Also, moving from dependence to interdependence creates a whole complex of tensions and conflicts. Furthermore, the impact of peers is magnified. Ambivalence and anxiety are common. The yearning to jump into the next stage of development co-exists with the desire to have things stay as they are. The feeling of omnipotence coexists with the feeling of helplessness and inadequacy. The grandiose expression of the conviction that "it won't happen to me" plays over against the suppressed fear that it might. Being expected to act like an adult one-minute and being treated like a child the next is experienced as confusing. How can one be too young to do almost everything once it wants to, and adult enough to behave as "they" think one should? Seeing parents as mere humans with frailties and character defects can be problematic and even frightening after being dependant on them as all-wise and all-powerful.

Adolescents have a strong peer group need. They stress cooperation with that segment of the group with which they can identify, but this identification is also intransitory, and frequently temporary. The sub-groups adolescents' forms are often very tightly knit. To gain group acceptance the individual tends to relegate his personal competitive drives to second place, at least for temporary and short periods. The emphasis is on cooperation and belonging, whether the goal is positive or

negative-leading a youth group at church, for example, or dealing the drug sub-culture at the local high school. Fortunately, for most the peer group shifts and changes with most adolescents finding positive identities and affiliations.

A final part of the adolescent developmental process is that of being argumentative and emotional. Since they are in the process of testing their own changing values and their own relationships with the world around them, they protect the transitioning ego identity through these defenses. In doing this young people are reality testing and seeking universal understanding.

### CONDITIONS FOR HEALTHY DEVELOPMENT

Looking now at the Christian view of man and adolescence in the cultural context of the United States, one can begin to see clusters or constellations of associated imperatives, skills, and tasks that taken together create a climate potentially conducive to healthy development of youth. In the context of this thesis project, it is significant that studies of adolescent religious attitudes demonstrate that: “Adolescents overwhelmingly express religious needs and find personal value in religious commitment. What adolescents find difficult, however, is their relationship with the institutional church”<sup>6</sup>

America, a pluralistic society with egalitarianism as an ideal, demands the participation<sup>7</sup> of its people. Therefore, healthy adolescent development begins with the encouragement of responsible participation. To that end, these young persons must be

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<sup>6</sup> Charles M. Shelton, *Adolescent Spirituality, Pastoral Ministry for High School and College Youth* (New York: Crossroad, 1983), 391.

encouraged to see themselves as co-creators under God and with God and not as mini-gods in their own right as pop culture implies.

Because we are living in a complex society, choice making becomes increasingly important. Choices cannot, and should not, be based on instinct alone in the response to today's media messages. Such messages, in general, are in opposition to true reality as set forth in biblical Christianity. "For the earth and its fullness are the Lord's."<sup>7</sup> Youth must develop the capacity to make informed decisions in many areas: school interests, work interests, use of discretionary time, and the kind of friends they want to cultivate, and so on. While practical learning opportunities are necessary, theological perspective is paramount.

As the protections normally associated with childhood are withdrawn and adolescents move toward wider interdependence, particularly with their peers, they need to have a sense of belonging, belonging to their own age group and to adult society as well. They further need to find ways to interact with peers, both male and female. Additionally, they must acquire insights and skills to responsibly handle their sexuality, to develop and maintain friendships, and to experience intimacy. They may choose to join a youth organization, take up a cause, concentrate on dance or athletics, or to listen to CD's in a group, or adopt some other activity. They should have the opportunity to do so. However, the healthy boundaries and values integral to this process<sup>8</sup> can only be found within a biblically focused theological framework that provides specific and adequate guidance. Fundamentally, the most important issues

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<sup>7</sup> 1 Corinthians 10:26, OAB.

are for young persons in transition to adulthood to develop a sense of belonging to the larger meaning of life.

Because of the conflicting values adolescents encounter in a diverse and rapidly changing world, they should have the opportunity to test and validate their reactions, consider what is positive and negative, and try to determine where they themselves stand so that they will be better able to deal with ideas along the broad spectrum of perceived reality. Those working and living with youth can foster healthy value formation by encouraging open discussion and refraining from trying to superimpose their values upon them. In leading adolescents and young adults through this transition, *the wisdom is in the dialogue*. One elicits from young men and women in this age group rather than superimposing upon them theological insight, for it is of utmost importance that they become the owners of this shared wisdom. For those who would lead or help in this process, social modeling is more powerful than dogmatic exhortation.

Although *who am I* is a question that recurs throughout life, the search for identity becomes more conscious and emotionally charged during adolescence and young adulthood. Therefore, the young need an opportunity to reflect on self in relation to others. They commonly use their peers as mirrors to test self in a variety of settings. The process is a healthy one so long as it does not consist entirely of looking inward in a narcissistic struggle to find oneself. The adolescent needs hero referents all along the spectrum of development as well as biblical and theological awareness.

In the past several decades, those in helping professions, and laymen as well, seem to have become engrossed in an individualistic approach to healthy psycho-

social development. Since the seventies and eighties and up until the late 1990's, values clarification has been discussed in terms of one person examining his own values. Participants in therapy and self-help groups reflected endlessly on themselves; books on self-analysis and self-improvement continue to keep rolling off the presses. A most recent best seller is entitled "*Self Matters*" by Dr Phil.<sup>8</sup> While it is a necessary condition of growth to discover who one is, inordinate preoccupation with self in search for identity can be very unhealthy, especially since in applying this method one is lost to begin with, especially when this approach is undertaken apart from a theological framework. Emphasis must be placed on the importance of looking outward and upward as well as inward.

Experimentation, also, is essential to learning, and the adolescent should have the opportunity to discover his/her own strengths and weaknesses in a host of different situations, to experience success and also learn how to cope with adversity and defeat. These skills are usually acquired through active participation. Mastery is achieved by the repetition of meeting the day to day challenges of life and effectively responding in those encounters. From this universal human process, self esteem is developed. It follows, therefore, that adolescents should have genuine opportunities to participate as citizens, as members of a household, and as workers in general, and as responsible members of society. Ideally, this should take place within the conceptual framework of the community of faith.

Experimentation involves risks. With audacious but inexperienced young people doing the experimenting, the risks are magnified. If experimentation is

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<sup>8</sup> Philip C. McGraw, Ph.D., *Self Matters* (New York: Simon & Schuster Source, 2001)

essential to learning, then it may be argued that adolescence should be a period in which youth can experiment without suffering disastrous consequences when they fail or make mistakes. This raises two crucial issues. First, either the adolescent should be provided with a psycho-social moratorium, or they must be imbued with internal values and boundaries in childhood that can be summoned and resonated against to provide guidance during this period. Perhaps it is consistent with the nature of the adolescent journey to incorporate some combination of both.

It may also be argued that learning and growth will not occur unless youth are held responsible for the consequences of their actions. Participation without responsibility becomes tokenism. This notion is grounded in biblical standards of grace and justice. “From everyone to whom much has been given, much will be required; and from the one to whom much has been entrusted, even more will be demanded.”<sup>9</sup> Currently the effective implementation of these concepts is a problem within the church as well as in secular society.

Consistent with Christian doctrine, youth must understand that genuine participation and genuine responsibility are synonymous. From a practical point of view they must be inculcated with the understanding that a basic tenet of our social system is that for every right or set of rights there is a corresponding responsibility or set of responsibilities. Finally, a climate that facilitates healthy development should provide opportunities to cultivate the capacity to enjoy life, to be creative, to be altruistic, and to do things on one’s own with a sense of serenity and purpose. Implicit in this is the internalization of the concept of not only knowing who we are but of

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<sup>9</sup> Luke 12:48, OAB.

who's we are. Given these conditions, adolescents will be enabled to gain experience in forming relationships and making meaningful commitments.

CHAPTER 4  
FAITH DEVELOPMENT AND THE ADOLESCENT JOURNEY  
“GETTING LOST AND GETTING FOUND”

From Richard Fowler’s writings related to faith development further glimpses of the *process* of identity formation essential for healthy development of youth are gained. Fowler references Neibuhr and Tillich in his introductory chapters:

H. Richard Neibuhr sees faith taking form in our earliest relationships with those who provide care for us in infancy...he sees faith developing through the shared vision and values that hold human groups together...according to both Tillich and Neibuhr faith is a universal human concern...we look for something to love that loves us, something to value that gives us value, and something to honor and respect that has the power to sustain our being.<sup>1</sup>

In quoting Neibuhr and Tillich, Fowler has described an essential element of an antidote for the prodigal journey. It is of great significance that he has offered insights into both the impetus for the journey and those internal dynamics that might overcome the tendency to become lost or stranded in the distant land.

The young person who has experienced the reinforcement of his/her spiritual seeking and related faith decisions in the home and church carries within himself or herself a special resiliency not in the possessed by all, or perhaps not as readily accessible.

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<sup>1</sup> James W. Fowler, *Stages of Faith, The Psychology of Human Development and the Quest for Meaning* (New York: Harper Collins, 1995), 5.



Fowler goes on to list the central questions related to finding meaning in life, which, once answered, may lead to *homecoming* in the ultimate sense. In turn results in the capacity to analyze and focus with clarity the questions about life in the *distant land*. Fowler writes:

Questions about faith in our lives-they aim to help us get in touch with the dynamic, patterned process by which we find life meaningful.

- What are you spending and being spent for? What commands and receives your best time, your energy?
- What causes, dreams, goals or institutions are you pouring out your life for?
- As you live your life, what powers do you fear or dread? What powers do you rely on and trust?
- To whom or what are you committed in life? In death?
- With whom or what group do you share your most sacred and private hopes for your life and for the lives of those you love?
- What are those most sacred hopes, those most compelling goals and purposes in your life?<sup>2</sup>

Much of the prodigal journey and the general upheaval of adolescence occur as a result of the young person's attempts to answer these very questions. Ultimately, faith decisions cannot be avoided nor can the struggle related to them. As a colleague in ministry once reminded the author, "There comes a point in faith development where you just have to *put your money down*."

Fowler points out a reality that American, egalitarian culture is struggling desperately to ignore. He makes the salient point that faith is meant to be religious. Citing the work of William Cantelle Smith, he writes:

Smith exposes an error of widespread modern identification of faith with belief...standard man, whenever you can find him or her has been sustained

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<sup>2</sup> Ibid., 1.

by faith and knit into communities of faith. Faith is deeper, richer, more personal...it is an orientation of the personality to oneself, to one's neighbor, to the universe; a total response; a way of seeing whatever one sees and of handling whatever one handles.

Smith suggests that belief is the holding of certain ideas, whereas faith is the relation of trust in and loyalty to the transcendent about which concepts or propositions-beliefs-are fashioned

Faith is a quality of human living...taken form of serenity and courage and loyalty and service: a quiet confidence and joy which enables one to feel at home in the universe.<sup>3</sup>

It is interesting to contemplate that essential struggle in adolescence in the context of the twenty-first century culture. We no longer, in general discourse use theological metaphors, but rather those drawn from science. We say things such as "That's not rocket science!", "That must have come from cyber space!"...Yet over the ages great teachers have warned us that reality does not consist of that which can be measured, observed, weighed, or manipulated.

Albert Einstein has said, "Not everything that counts can be counted, and not everything that can be counted counts."<sup>4</sup> This truth is further suggested in a saying attributed to a Sufi teacher that "man looking for reality through the eyes of science is like a drunken man who has lost his keys in the dark and goes to look for them by a lamp post because that is where he can see."

Fowler further notes the perceptions of Neibuhr who raises questions about the way we *see* Neibuhr:

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<sup>3</sup> Ibid., 9-15.

<sup>4</sup> David J. Powell, *Integrating Spirituality into Therapy*, International Center for Health Concerns, Inc. 8.

...likens faith to a cube. From any one angle of vision, the observer can see and describe at least three sides of the cube, but the cube also has a backside, a bottom, and insides. Several angles of vision have to be coordinated simultaneously to do any real justice in characterization of faith.<sup>5</sup>

Typically in Western culture, the adolescent journey takes shape in the context of the earlier quoted Sufi observation if it occurs without preparatory education related to these developing perceptions. Fowler correctly observes that relationships of trust in and loyalty to families and companions in the larger community are: “deepened by our shared trusts in and loyalty to transcendent centers of value and power.”<sup>6</sup> In other words, faith, belief and religious practice *in community* are central to the sustainability of that community.

Reflecting briefly on the earlier observations of Seigal and Senna, Kipnis, and others, the author believes it to be apparent that the current trend toward a value free, religion free, relativistic system of values and child rearing practices fundamentally pre-disposes the adolescent, first to undertake the prodigal journey, and second to become stranded in the distant land.

It seems an understatement to suggest that the other edge or flip-side of this problem is the resulting challenge for the church to place more emphasis on a counterbalance to these trends through age appropriate religious education of children prior to and during the adolescent years.

David J. Powell Ph.D., a “contemplative psychologist,” affirms the necessity of spiritual formation to the human experience. Through his practice of counseling and

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<sup>5</sup> Fowler, 32.

<sup>6</sup> Ibid., 33.

therapy and his review of medical literature related to religious practice, Powell found that spirituality has special significance to healthy human development and that religious practice in community and by individuals is a potent force for healing. Based upon this research Powell further takes the position that spirituality is an integral part of who we are as human beings and that practices resulting in spiritual development are essential. For Powell spirituality is described as follows:

- From the Latin root: breathe, the breath of life.
- The hatchet of the heart.
- Being open and available to what is.
- Cultivating our capacities to experience awe, reverence, gratitude.
- Ability to see the sacred in the ordinary.
- Feel the poignancy of life, and a passion of existence.
- To give ourselves over to o that which is greater than ourselves.<sup>7</sup>

Powell points out, that, unlike American culture of even a decade or two ago, there is a renewed interest in the efficacy of prayer, meditation, religious practice, and spiritual development. In support of this position, his monograph from which these quotes are taken points to the more than 135 empirical studies being conducted at various medical centers related to these issues, including Harvard, Duke, and Columbia, in addition to many other secular institutions.<sup>8</sup>

Powell summarizes several statistical correlations of significance to this thesis project. While it is not possible to list all of them, a few of his significant findings related to spiritual-religious practice and healing demonstrated by the documented improvement of persons recovering from surgery are as follows: “In a Duke

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<sup>7</sup> Powell, 17.

<sup>8</sup> Ibid., 15-18.

University study, devout patients recovering from surgery spent an average of 11 days in the hospital compared with non-religious patients who spent 25 days (Southern Medical Journal 1998).”<sup>9</sup>

Also, In another Duke University Study Powell reports: Those who attend religious services, pray or read the Bible regularly had lower blood pressure than their non-participating peers (International Journal of Psychiatry in Medicine 1998.)<sup>10</sup>

From an article in “Religion and Clinical Practice,” Powell reports: “Spirituality is linked to with lower suicide rates, less alcohol and drug abuse, less criminal behavior, fewer divorces & higher marital satisfaction” (Religion and Clinical Practice 1996.)<sup>11</sup>

The author, further extrapolating from Powell’s monograph notes the following data from The American Journal of Public Health: “Research of 1931 older adults indicates that those who attend religious services regularly live longer (American Journal of Public Health 1998.)<sup>12</sup>

The International Journal of Psychiatry in Medicine reported: “Research on 1700 adults discovered that those who attend religious services were less likely to have elevated levels of interleukin-6, an immune substance prevalent in people with chronic disease (International Journal of Psychiatry in Medicine 1997.)<sup>13</sup>

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<sup>9</sup> Ibid., 17.

<sup>10</sup> Ibid., 17.

<sup>11</sup> Ibid., 18.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

The relationship between the frequency of religious practice and divorce and separation rates reported in Powell's study are of particular importance to this thesis project:

- "Frequency of worship attendance:
- Less than once per year, 34%.
- Once to several times per year, 27%.
- Once per month or more, 18%".<sup>14</sup>

The relationship of religious practice to depression is also significant. Powell reports the following:

A Columbia University study reports that women with pious mothers were (60%) less likely to be depressed than those with mothers who are not. Daughters with the same religious denomination as their mothers are even less likely (71%) to be depressed, and sons were (84%) less likely still. (Journal of The American Academy of Child and Adolescent Psychiatry, 1997.)<sup>15</sup>

A Duke University study of 577 patients hospitalized for physical illness showed that the more patients used positive religious coping strategies, (spiritual support from family, religious leaders, faith in God, and prayer,) the lower the level of symptoms of depression. (Journal of Mental and Nervous Disorders, 1998.)<sup>16</sup>

Following a comprehensive review of empirical data related to the efficacy of religious practice and its power to promote resiliency and recovery from various illnesses, Powell concludes: "Religious practice facilitates:

- Equanimity: Overcoming the wear and tear of life

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<sup>14</sup> Ibid., 19.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

- Community: Bearing one-another's burdens.
- Ritual: Finding comfort in familiar activities.
- Temperance: Honoring the body as the Temple of the Spirit.
- Appreciation of Beauty: Appreciating Art and Nature.
- Adoration: Worshiping with our whole being.
- Renewal: Confessing and starting over.
- Love: Caring and being cared for.
- Unity: Gaining strength in familiar activities.
- Meaning: Finding purpose in life.
- Trust: Letting go, and letting God.
- Transcendence: Connecting with ultimate hope.<sup>17</sup>

The author might very well have used different language to describe those processes and would have attempted to frame the issues from a more biblical perspective. However, in the post- modern era, Powell's perceptions, experience, and summary of medical findings reinforce the central presuppositions, teachings, and eschatological hope of the Christian worldview in ways that speak powerfully to the un-churched and to the community of faith. Powell's research affirms the core hypotheses of this thesis project.

Another writer of note in this search for appropriate strategies for the pragmatic *redemption* of youth is Daniel G. Amen M.D, whose book, Change Your Brain, Change Your Life, also underscores the necessity of healthy patterns of child rearing.

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<sup>17</sup> Ibid.

Amen states: “Your brain is the hardware of your soul. It is the hardware of your very essence of being. You cannot be who you really want to be unless your brain works right.”<sup>18</sup>

The author here notes the common neurological metaphor likening the brain to a computer in which we commonly fail to see the connection between that phrase and the accepted technological notion of “garbage in-garbage out.” Amen is not so blind about that relationship. In chapter 4 he prefaces the analysis of his scientific research into the neuro-chemistry of changing one’s life by changing one’s brain chemistry with a quote from Philippians 4:8: “Finally beloved, whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is pleasing, whatever is commendable, if there is any excellence, and if there is anything worthy of praise, think about these things....”<sup>19</sup>

Providing scientific foundation for the purpose of this thesis project, Amen goes on to offer this scientific corollary to biblical truth:

As discussed in chapter 3, the deep limbic system processes our sense of smell, stores highly charged emotional memories, and affects sleep and appetite cycles, moods, sexuality, and bonding. To heal deep limbic system problems, we need to focus on a number of diverse prescriptions; accurate thinking, the proper management of memories, the connection between pleasant smells and moods, and building positive bonds between oneself and others.<sup>20</sup>

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<sup>18</sup> Daniel G. Amen, *Change Your Brain, Change Your Life: The Breakthrough Program for Conquering Anxiety, Depression, Obsessive ness, Anger, and Impulsiveness* (New York: Three Rivers Press, 1998), 3.

<sup>19</sup> Philippians 4:8, OAB.

<sup>20</sup> Amen, *Change Your Brain, Change Your Life*, 55.



It is not possible to summarize all of Amen's scientific findings supportive of the theses outlined by the author. However, related to both the problem definition and the proposed solutions Amen cites an article from The Journal of the American Medical Association 1977 by researcher Michael Resnick Ph.D. Amen writes:

Resnick and his colleagues at the University of Minnesota reported that teenagers who felt loved and connected to their parents had a significantly lower incidence teenage pregnancy, drug use, violence, and suicide. So important is the bonding between children and parents that it overrides other factors traditionally linked to problem behavior....The article concluded that the degree of connection (limbic bonding) that teenagers feel with parents and teachers is the most important determinant of whether they will engage in risky sexual activity, substance abuse, violence, or suicidal behavior.<sup>21</sup>

Clearly, scripture and science are complimentary in supporting the position that the nurture and education of children and adolescents in the family impacts them in ways that inoculate them from the tendency to become lost on the prodigal journey.

All of the data gathered during this study converge to underscore the profound importance of the potential role of the church in shaping, (and saving) God's people. These studies provide data that call for greater emphasis than perhaps ever before on evangelism, family life education, and the necessity of renewed vigor in the life of the church which must address all segments of the human population in age appropriate ways. This is no small task given the forces and powers which seek to oppose and dilute these efforts, often resulting in *spiritual anemia* in programs and persons.

## **THE CHALLENGE OF FACILITATING PERSONAL CONNECTIONS**

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<sup>21</sup> Ibid., 69.

Duska and Whelan, in their book *Moral Development; A Guide to Piaget and Kohlberg*, frame the challenge in a way that provides guidance for the faith community as relates programmatically to the psycho-social learning curve, which impacts development of belief structures, faith development, and spiritual formation. They begin by postulating the following questions:

Would not the complete picture of moral maturity involve not only the knowledge of the right or wrong, but also the character or will to act in accord with this straight thinking?<sup>22</sup>

And

If what needs to be accomplished is right thinking and straight acting, educating for moral maturity is simply plugging in the right answers to questions of would I?, or Should I?, and then devising the will power exercise for the fortitude to follow the right path.<sup>23</sup>

Duska and Whelan emphasize that the achievement of moral maturity is a process not an event. Fowler and White also posit that faith development, though based upon a central core of beliefs, develops in the process of maturation. It is in the interplay of belief and experience that moral maturity takes shape.

Significant to the “how to” section of this thesis project, Duska and Whelan observe that there has been and continues to be confusion about the process of moral education. They state: *Moral education has been equated with the development of character, which is expected to manifest itself in a behavior that exemplifies the*

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<sup>22</sup> Ronald Duska and Mariellen Whelan, *Moral Development: A Guide to Piaget and Kohlberg* (New York: Paulist Press, 1975), 1.

<sup>23</sup> *Ibid.*, 2.

*traditional; revered virtues of honesty, self-control, courage, friendliness and respect.*<sup>24</sup>

However, they point out that based upon the findings of researchers Piaget and Kohlberg; education is most effective when it appeals to a young person at the developmental stage commensurate with their ability to learn.<sup>25</sup> In this regard, and of no surprise to the author, is a common concern among Christian education workers especially in small churches, that young people drop-out in middle adolescence simply because the instruction and activities are no longer meaningful to them. These young people either, under the best scenario, move on to attend adult worship and church school, or under a much less desirable scenario, leave church participation altogether for some significant period of time, some never to return.

Affirmative to the stated purpose of Christian education in general Duska, quoting Piaget writes: *All morality consists in a system of rules and the essence of all morality is to be sought for in the respect which the individual acquires for those rules.*<sup>26</sup>

Therefore, the work of church teachers must take into account not only educating in the truth but also the necessity of doing so in a way that the young person develops personal ownership of the truth. This process is most effectively accomplished by persons who foster respect through informed instruction which is structured in a way that facilitates this personalization and ownership. Such programs

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<sup>24</sup> Ibid., 5.

<sup>25</sup> Ibid., 3.

<sup>26</sup> Ibid., 8.

must be formed around conceptual frameworks that recognize the profound importance of dialogue and the psychodynamics of group work and the developmental processes universal to the adolescent journey to maturity.

In agreement with the developmental stage theories of Piaget and Kohlberg, it is the position of the author that in teaching and leading adolescents, the simple cognitive awareness of facts is of little avail if internalization and personal ownership does not follow; to that end it must be emphasized once again, *“the wisdom is in the dialogue.”*

Duska and Whelan affirm this position as well from a developmental perspective: Moral development, then, is not a process of imprinting rules and virtues but a process involving transformation of cognitive structures. It is dependent on cognitive development and the stimulation of the social environment.<sup>27</sup>

Both of these concepts are significant for Christian leaders and teachers. While “imprinting” is not a common technique or experience related to educating human beings but rather a psychological concept from animal research, it does call attention to basic human value formation and socialization which begins in the nuclear family and then is broadened through other experiences in the social environment, not the least of which should be the young person’s experiences in the community of faith. Values emanate from those experiences in which family, friends, and revered persons teach what they believe. In the context of this project these persons comprise our primary “authoritative community.”

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<sup>27</sup> Ibid., 7.

No evidence exists that human beings can be “imprinted” due to their higher order brain functioning and the process of maturity which results in the ability to perform higher and higher levels of conceptualization. We are not born with the intellectual limitation of ducks, neither are we born all wise. The real matter for Christian leaders and Christian families is related to the accurate and timely teaching of foundational concepts, ideas, and values, which children then carry with them as referents through the several stages of the maturation process. These basic referents from childhood shape the resiliency of the adolescent as their life experience resonates against the social environment.

Consistent with this theme, R. Fowler, referencing the work of Kohlberg observes:

A central thrust of Kohlberg’s work is the claim that moral judgment and action has been a rational core. Moral choice is not just a matter of feelings or values. It involves the interpretation of a moral dilemma situation, the construction of the points of view of the various participants and affected parties, the weighing of their respective claims, rights, duties, and commitments to the good...they are all cognitive acts.<sup>28</sup>

Piaget’s description of some of the features of what he refers to as pre-operational thinking provides insight into understanding the first steps of moral reasoning in young children and has implications for Christian orientation in early childhood as well. *As heteronomy starts to give way to autonomy it’s through cooperative play, together with greater cognitive maturity, that the child sees rules as*

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<sup>28</sup> Fowler, 57-58.

*the product of mutual consent, rather than a code of laws handed down by authorities.*<sup>29</sup>

This author expands this notion, suggesting that the experience of cooperative play resonates against the internalizing voice of the parents and significant other persons encountered in earlier stages of development. This is of no small concern when seen in relationship to the effectiveness, or lack of effectiveness, Christian families and churches in preparing children for this process.

Piaget and Kohlberg use different language to describe various stages and levels of child to adolescent development, but common to both are their finding that beginning at about age 11-12 children develop the ability to comprehend abstract meaning. That the child develops an awareness of referents and a sense of the boundaries of self and others is underscored by Duska in Whelan, again referencing Piaget: Heteronomy and autonomy describe the process of development rather than the total mental orientation of the individual.<sup>30</sup>

As a general guideline for working with young people in transition from childhood to adolescence, Duska and Whelan go on to suggest: “it is more helpful for the child to participate in the formulation of the rules than to have them pronounced by adults for his submission.”<sup>31</sup>

The author observes that this is an unintended argument supporting programs that provide a well articulated foundation of concepts, ideas, and values during the

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<sup>29</sup> Duska and Whelan, *Moral Development*, 11.

<sup>30</sup> *Ibid.*, 13.

<sup>31</sup> *Ibid.*, 14.

stage of heteronomy, thus providing foundational referents for the forthcoming dialogue among adolescent peers in the process of transition. Duska and Whelan further describe what they perceive as the characteristics of Piaget's stage of *cognitive egocentrism* as follows: A state when the organism is unaffected by contact with reality...because he has virtually no sense of who he is as a person and what he personally wants, other children and adults have almost limitless power over him.<sup>32</sup>

Apparently there is little basis in reality to believe that young persons in transition to maturity actually go through a stage or stages where they have "*no sense of who they are.*" Rather, it would be more accurate to acknowledge at this stage of development the uncertainties of adolescence, its anxieties, its attempts at reality testing, and its hyperawareness during which time there is a seeking for a renewed sense of universal connectedness and belonging. Identity remains, but the shaping toward maturity and adult is occurring. It would seem that this stage and process also supports the argument for formational and continuing efforts by the community of faith, especially the child's family all along the developmental spectrum. As a wise old guidance counselor once commented, "*If you don't know where you are going, you may wind up somewhere else.*" (*The late Dr. Harry Murchie*)

Knowing where one is going is related to the understanding of where one has come from and what one's identity is. It includes the referents from family and childhood and those of the social context of earlier stages. Therefore, it matters a great deal whether the young person in the transitional movement of adolescence sees

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<sup>32</sup> Ibid., 16.

themselves as a created child of God, as opposed to an amorphous blob of protoplasm or a grown up germ.

The author accepts as reality the general propensity for all young persons to test, and even violate the constructs of their childhood identity and to challenge the world view within which they were raised. This, however, is far different than assuming that the totality of childhood identity is left behind at the onset of adolescence, leaving the child rudderless in an allegedly value free, identity neutral, and culture in which all beliefs, decisions, and activities are understood to be acceptable and normal.

Exemplary of the importance of challenging the world view of the behaviorists and in opposition to the author's point of view, Duska and Whelan state the following: Piaget's studies have shown that the most serious obstacle to moral development in early childhood is the child's relationship of respect for and dependence upon adults, because it results in a morality of submission to their rules.<sup>33</sup>

The author posits, rather, that the childhood experience is not *only* transitional but also formative and foundational. Train up a child in the way that they should go and when they are old they will not stray.<sup>34</sup>

While Piaget raises correct concerns as relates to children raised in households with destructive, amorphous, or grossly abhorrent values, the safe home with clear and healthy values and boundaries provides an internalized model which is carried through all stages of development.

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<sup>33</sup> Ibid., 39.

<sup>34</sup> Proverbs 22:6, OAB.



For Piaget, the highest level of development is Stage 6: The Universal Ethical Principle Orientation, which is described as follows:

At this stage, right is defined by the decision of conscience in accord with self-chosen ethical principles appealing to logical comprehensiveness, universality, and consistency. The Golden Rule as categorical imperative verses The Ten Commandments as Concrete Moral Rules.<sup>35</sup>

Duska and Whelan's juxtaposition of Categorical Imperative over against a list of concrete moral rules reinforces the author's position and further describes the process of Christian regeneration:

It is like a mustard seed, which, when sown upon the ground is the smallest of all the seeds on earth, yet when it is sown it grows up and becomes the greatest of all shrubs, and puts forth large branches, so that the birds of the air can make their nests in its branches.<sup>36</sup>

Clearly, meeting the educational and spiritual needs of developing children and inculcating them with the values and boundaries of a Christian world view requires ongoing, age appropriate, and timely nurturing. The value of the behaviorist's research in this endeavor is that it is helpful in knowing how and what to bring to a child's educational process at the developmental stage when they can understand and internalize it. Providing insight into the structure of the growth-learning process, Duska and Whelan summarize the interplay between the propositions of Piaget and Kohlberg as follows:

Kohlberg, building on the work of Piaget proposes the following process:

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<sup>35</sup> Duska and Whelan, 47.

<sup>36</sup> Mark 4:31-32 OAB

1. Stage development is invariant: “one must progress through the stages in order, and one cannot get to a higher stage without passing through the stage immediately preceding it.”
2. “In stage development, subjects cannot comprehend moral reasoning at a stage more than one stage beyond their own.”
3. “In stage development subjects are cognitively attracted to reasoning one level above their own predominant level.”
4. “In stage development movement through the stages is effected when cognitive disequilibrium is not adequate to cope with a given moral dilemma.”<sup>37</sup>

Extrapolating from the stage development theories of Piaget and Kohlberg, one observes a potential dilemma for Christian leaders. According to these theories, if a young person's stage orientation is not disturbed, there is no reason to expect movement to a higher stage of reasoning. It seems, however, in our current day media rich, (some might say polluted,) culture it is nearly impossible to escape dissonance in one's stage orientation.

The behaviorist's propositions assume too much or too prolonged isolation of childhood from the general social intercourse of the world which may be counter productive. The oppositional view of the author is, however, that the interplay of social forces and personal values reaches in both directions not just one. According to Piaget and Kohlberg, if a person's perceptual framework cannot resolve a problem, then the person's response is to adjust to a framework in which the problem can be resolved. Here the implications is that there is some significant value in having a clear world view through which perceptions are filtered, rather than the other way around,

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<sup>37</sup> Duska and Whelan, 47-49.

which would be changing internal referents in response to the forces impacting from external sources.

From these studies it may be concluded that education for the prodigal journey must be well studied, age appropriate, and timely. It further must be comprehensive and must include the challenge of resonating with the values and problems of the general culture, not simply withdrawal from it. Failure to provide structures by which theology confronts culture, if Piaget and Kohlberg are correct, may be a key reason for a person's rejection of the teachings of the faith community, in order to gain some sense and form of mastery over life issues.

In support of the above position, it is interesting to observe that as Duska and Whelan review Kohlberg's postulates of movement that they note this same dynamic:

To appreciate group rules requires the recognition of a unit of force which is not concrete. This recognition of the transcendent nature of the foundation of right and wrong, good and evil is evidence that they have moved to Stage III. According to Kohlberg in Stage III, "Good behavior is that which pleases or helps others and is approved by them...it is cognitive recognition of the value of a group, group practices, and group rules."<sup>38</sup>

The development of empathy and self-sacrifice occurs in Stage III according to Kohlberg, and from this comes the basic concepts out of which moral law is understood and promulgated. "Stage III is altruistic in that service to the community is more important than service to oneself."<sup>39</sup>

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<sup>38</sup> Ibid., 48-49.

<sup>39</sup> Ibid., 64.

According to Kohlberg, principled thinking, involves: “A Postulation of Principles to which the society and self ought to be committed.”<sup>40</sup>

From the perspective of the Christian moral world-view, these principles emanate from biblical principles, especially New Testament teachings as the ‘rule for faith and practice,’ otherwise what is good and acceptable for the society could include almost anything even genocide, a practice which is not foreign to the” ‘natural man.’”

A biblically focused commentary on man’s success at figuring life out for himself might be: “Claiming to be wise, they become fools....”<sup>41</sup>

According to Kohlberg these attributes are present at Stage IV which, for him, is the highest stage of moral development. He states: Such a stage is autonomous, for one is freed from society’s views, and thus autonomy, for Kohlberg, is the most adequate ethical moral position.<sup>42</sup>

The author observes that man’s desire for total autonomy is often a manifestation of the acting out of the “Eternal No! “ It is grounded in original sin, or to use a modern language; “*self will run riot.*” True autonomy must be expressed and focused through emergent values internalized through a life lived and shaped in biblically based communities of faith. An accurate concept of autonomy can only be apprehended within a theological framework.

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<sup>40</sup> Ibid., 69.

<sup>41</sup> Romans 1:23 OAB.

<sup>42</sup> Duska and Whelan, 69.

According to Kohlberg autonomy in judgment “is simply making up one’s mind for oneself about what is right and wrong.”<sup>43</sup> It is apparent from this perspective from whence the germ of self serving post-modern western culture has emerged. It also speaks volumes about some of the forces seducing the young to travel to “a distant land.”

Kohlberg describes Stage V as the highest form of development: “Right is a matter of personal values and opinion...his authority figures have no more hold”<sup>44</sup>

Additionally, the apparent “survival of the fittest,” (without transcendent consequences) mentality is underscored by a comment attributed to Glovcon who is quoted by Duska and Whelan as having said: *“The really wise man is the one who sees through the sham of altruistic demands and takes what he can get.”*<sup>45</sup>

And, once again Kohlberg describes one of the forces fueling the prodigal journey this way: *...young love may be the first venture of the person alienated from his old traditions and values and beliefs learned in a society he has left, to build a new society.*<sup>46</sup>

Fowler proposes a healthier view of moral maturity and of the process of individuation and connection more acceptable within the Christian world view:

When the person, chronologically a late adolescent or young adult carries within the self that firm sense of congruence between his/her meaning to self and to others that we have called identity, there is a readiness for risking that unity of self in relations of closeness with another. The young adult is ready for intimacy...the capacity to commit one to concrete affiliations and

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<sup>43</sup> Ibid., 69.

<sup>44</sup> Ibid., 74.

<sup>45</sup> Ibid., 72.

<sup>46</sup> Ibid., 74.

partnerships and to develop the ethical strength to abide by such commitments even though they may call for significant sacrifices and compromises.<sup>47</sup>

In dialog with the work of Erickson, Fowler describes the relationship between moral development and personal experience. The perceptions of these two writers validate the importance of education all along the spectrum of child through adolescent development. The process of Christian maturity is not a capricious process but an intentional mentoring by persons and by the Word.

Fowler cites the work of Erickson, describing the process in this way:

The moralistic era of childhood-derives from the internalization of cultural norms and expectations as taught by parents or other adults. Adolescence with the emergence of formal operations makes it possible to grasp the universal good in ideological terms...which can be inconsistent and reflective of the search for identity rather than an expression of identity

The young adult in order to develop a true post conventional moral orientation, must have undertaken two further steps that typically being a student does not require: the experience of sustained responsibility for the welfare of others and the experience of making and living with irreversible moral choices which are the marks of adulthood

At the level of post conventional or principled moral reasoning persons make a clear effort to define guiding moral values and principles that have a validity and applicability apart from the authority of the groups or people holding them and apart from the individual's own identification with these groups.<sup>48</sup>

Seemingly, Erickson is describing the process by which value systems are developed and internalized. It is imperative that ministers, teachers and other Christian workers become aware of this growth-learning process in order to provide the right information and, equally important, at the right time.

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<sup>47</sup> Fowler, 79-80.

<sup>48</sup> Ibid., 82-83.

Fowler goes on to discuss the development of what Erickson calls “Ego Integrity.” Here, once again, there is evidence that the formation of ego integrity can be nurtured or derailed. For the young men in Kipnis’ study, ego integrity was distorted, damaged and short-circuited by family dysfunction and a system that continued to fail to provide support and nurture and theological framework these young men needed most of all: a faith perspective that would lead them home.

With respect to the elements of faith development, Fowler writes the following:

Faith is:

People’s evolved and evolving ways  
Of experiencing self, others and world,  
(as they construct them)

as related to and affected by the  
ultimate conditions of existence,  
(as they construct them)

and of shaping their lives’ purposes and meanings,  
trusts and loyalties, in light of the  
character of being, value and power  
determining the ultimate conditions  
of existence (as grasped in their  
operative images-conscious and  
unconscious-of them).

This characterization of faith is formidable in its formalism.<sup>49</sup>

Fowler references the work of Neibuhr who states: “we shape our actions and responses in life in accordance with our interpretations of the larger patterns of actions that impinge upon us. Communities of faith are communities of shared

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<sup>49</sup> Ibid., 92-93.

interpretations.”<sup>50</sup> Fowler describes how faith stages occur in a way that further reinforces the central theme of this chapter:

Faith stages arise out of integration of modes of knowing and valuing that Piagetian and Kohlbergian stage theories have intended to avoid. Faith stages are not identical with and cannot be reduced either to cognitive or moral stages or to some mixture of the two. Nonetheless, in any holistic approach to the human construction of meaning, an account must be given of the relations of reasoning to imagination, of moral judgment making to symbolic representation, of ecstatic intuition to logical deduction.<sup>51</sup>

The role and value of referents from childhood as well as those developed during the adolescent journey cannot be overstated. If Epistemology is the study of how we know, then at the very least the teachings of parents, family, and faith community become part of the total life awareness in which we see disclosed the general revelation of God. One would hope that this experience would also call to the consciousness of the developing adolescent through their early experiences the specific revelation of God in Jesus Christ. As Fowler points out “*ways of being and ways of seeing are reciprocal.*”<sup>52</sup>

From the author’s perspective, psychological and social development is concurrent with faith development. Related to this assumption, based upon the foundational work by Fowler and others, it is evident that the clearer the images and stories of life are in the young person’s early stages of awareness, the richer the inheritance to be drawn upon during the prodigal journey.

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<sup>50</sup> Ibid., 98.

<sup>51</sup> Ibid., 99.

<sup>52</sup> Ibid., 98.



## SPIRITUALITY AND SPIRITUAL FORMATION:

“Train Children in the right way, and when old they will not stray”<sup>53</sup>

Central to this thesis project are questions related to the means by which spirituality and spiritual formation be nurtured, shaped and inculcated. By its very nature, the Church is the ecology of spiritual care and guidance. To some extent the church is a potent presence in spite of itself.

Fowler notes the work of Dr. Ana-Maria Rizzuto who proposes that, “despite our secularization and religious fragmentation, religious symbols and language are so widely present in this society that virtually no child reaches school age without having constructed with or without religious instruction an image or images of God.”<sup>54</sup>

Here, Fowler, quoting Rizzuto, has described a perplexing truth of humanistic post-modernism. To Rizzuto’s position stated above, this thesis project posits that the church must take an even more assertive stand. Rizzuto’s observation, while hopeful, is not good enough! Providing children with a clear and well focused image of God is fundamental to the healthy development of youth; Scripture demands it! Duerlinger affirms the author’s assessment: Morality and religion are human phenomena...since morality is a human activity, it is essential that there must be a

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<sup>53</sup> Proverbs 22:6 OAB.

<sup>54</sup> Fowler, 129.

clear idea of the nature of man.<sup>55</sup>

Shelton, in his book Adolescent Spirituality, describes the process of spiritual formation in adolescence and through this description provides insight into possible points of engagement or intervention:

- Spirituality is concerned with personal response to and growth in the Lord. It takes place in the context of prayer.
- One makes an effort to proclaim the Kingdom of God through service to one's brothers and sisters.
- It is linked to prayer, worship and services to the faith community.
- Survey findings indicate that the adolescent finds relationships to be of crucial importance.
- A goal for adolescent spirituality would be an examination of these relationships so that the adolescent's personal experience of Jesus may be realized more fully in family bonds, friendship ties, and relationships with the opposite sex.
- Another aspect of spirituality shows the youth accepting/adopting certain values, ideas, strategies for future living. They continue to grow outward despite the future being an uncertain entity. They continue to seek a mature identity with personal meaning at their specific level of development. In this search, spirituality asks the youth what encouragement they have experienced in their response to Jesus' invitation to 'Follow me.'<sup>56</sup>

For the adolescent, the foundation of their spiritual formation is the church's teaching and proclaiming the gospel which is that Christ is the Center of Life and He calls all to "Follow Me." Shelton explains further: *The relational aspect of spirituality: allows for the adolescent experience of spiritual growth which is*

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<sup>55</sup> James Duerlinger, *God: The Contemporary Discussion Series* (New York: Paragon House, 1984), 55-58.

<sup>56</sup> Charles M. Shelton, *Adolescent Spirituality, Pastoral Ministry for High School and College Youth* (New York: Crossroad, 1983), 1.

*concerned with ultimate meanings and values, but is incarnated in human encounters and circumstances.*<sup>57</sup>

As the church seeks to respond to the needs of the developing young, it is well to remember that the adolescent thrives on interpersonal relationships and the meanings of these relationships give to their lives. Therefore, it seems unacceptable to allow the too common practice of allowing the maturing adolescent to quietly drift away from the community of faith, perhaps to stumble along until they hear a new call to “a distant land.” Shelton reminds us: The adult role is to witness specifically Jesus’ Grace and Love that is inseparable from personal strengths and weaknesses.<sup>58</sup>

And, M. Bodo, OFM writes of St Francis of Assisi:

The life of Francis says that the Gospel is a way of life and not a series of platitudes to make us feel good on Sunday morning.<sup>59</sup>

Unlike an obsessive love for another human being, which can result in loss of self-identity, the total love of God brings with it a strengthening of a sense of self, a serene clarification of who I am....<sup>60</sup>

Conversion is something that happens in me, but also in the communion with others.<sup>61</sup>

As we reframe our perspective on the bio-psycho-social-spiritual development of the adolescent, it is clear that this transcendent spiritual energy informs all other

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<sup>57</sup> Ibid., 4.

<sup>58</sup> Ibid., 3.

<sup>59</sup> Murry Bodo, O.F.M., *The Way of Saint Francis, The Challenge of Franciscan Spirituality for Everyone* (New York: Image Books, Doubleday, 1984), 18.

<sup>60</sup> Ibid., 51.

<sup>61</sup> Ibid., 111-112.

energies “*Spiritus Creator*” is already present, not imparted, as a creating, converting, and guiding presence. As adults seek to model and mentor the maturing adolescent in the context of the community of faith, they do not labor alone. There is a role for the minister and for the faith community in modeling this presence, but the Loving Father is ever present to the adolescent in the beginning of the journey and all along the way.

### SUMMARY

This chapter underscores the urgency of this thesis project. The language, symbols, and assumptions of the community of faith, as well as those of secular culture, are not at all foreign. What is striking to the author is that in the description of the dialogue between these two world views is that, while complimentary in some aspects shedding light on the person of the prodigal and upon the prodigal journey, these frameworks are at points totally irreconcilable.

It is the depth and starkness of these differences that is so astounding to one who is at the same time a person of faith and also one who is involved in a broad spectrum of ministry within secular society. That the author could be at times so lulled into a kind of complacency about the paradox is surprising. Reflecting upon these matters is akin to reflecting upon the experience of being “ambushed.” However, by allowing the world powers to define and frame the plausibility structures related to the human journey, the author has become the perpetrator of his own ambush. To coin an apt and familiar phrase, “We have met the enemy and he is us.” This seemingly odd observation has significance for the larger Christian

community as we seek to wrestle our young people from the “dance of death” and from the “monster” with whom they are metaphorically *waltzing*.

This subtle lulling described above is the result of the fact that it is commonly accepted that the two systems in American culture do not disagree about life on earth in general or the *how* of getting to where we are going. The day to day tasks are sadly quite similar for Christian and Non-Christian alike. Indeed most in American culture are absorbed with the pursuit of personal peace and affluence. The great chasm between the two systems is not the how of getting there, but that, we do not maintain a clear focus on *where* we are trying to go, and the *where* is of ultimate significance.

R.C. Sproul Jr. challenges the latter question first. “*Where are we trying to get to?*” With respect to child rearing he reminds us that we must focus on the primary question, what kind of child are we trying to produce? Sproul argues that Christians continually protest the liberal agenda, poor school programming, low test scores, and the like, but allow themselves to tacitly approve the rest of the secular world view. In our distractedness we inadvertently concern ourselves with the same matters as secular culture. The result is often frustration and immobility. Significant to this thesis project, this is no minor dissonance in the quest to protect the young.

In an interesting twist of insight that Sproul likens our current status to that in the biblical account of seduction by the Serpent in which we, like Adam and Eve,<sup>62</sup> having violated the covenant “*cling to the devil hoping he can protect us from the wrath of God.*”<sup>63</sup>

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<sup>62</sup> Genesis 3:14, OAB.

<sup>63</sup> R.C. Sproul, Jr., *Training Up Children*, Video 1,2,3. Ligonier Ministries, 2003, videotape.

Like our first parents, we allow our thinking to follow the thoughts of the devil (thinking his thoughts after him,) so we wander, and our children wander, seeking personal peace and affluence. A disease Powell refers to as “*affluenza*,” sets in motion the impetus for the prodigal journey.<sup>64</sup>

In an apt metaphor for American culture the devil is described by Sproul as “*wearing a red suit like Santa Claus.*”<sup>65</sup> This description seems an accurate but disturbing picture, and indeed we all love Santa Claus.

It is not the obvious evil that calls us and our children to the “distant land,” but rather the subtle shifts in our thinking that lead us and them down the wrong fork in the road before we realize that they have lost our way. The devil wants the people of faith to think about life in terms of Sunday issues as different from issues of daily life. As a result, we focus on orthodoxy, (right practice,) but do not easily extrapolate to orthopraxy, (right behavior.)

Raising children in Sproul’s perception is not about seeking personal peace and affluence, because our children belong neither to us, nor to the state, but to God, therefore:

Education is not giving children the tools they need to make their way in the world, nor to provide them with what they need to get the tools to make their way in the world....Rather,  $2+2=4$  because the 2 is Jesus 2 and the 2 is Jesus 2 and the 4 is Jesus 4. Children are to be raised up in the training and admonition of the Lord.<sup>66</sup>

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<sup>64</sup> R.C. Sproul, 83.

<sup>65</sup> Sproul, Jr., *Training Up Children*, Video 1.

<sup>66</sup> Ibid.

If we are to keep our covenant with God and with our children, and if we are to prepare them for life by providing a foundation of knowledge that has efficacy in preventing, mitigating, and resolving the prodigal experience, the children must be brought to an understanding of *reality* as reality in relationship to Jesus Christ.

Education of children, (for the journey,) is a covenant relationship between parents and God. Scripture is clear:

Now this is the commandment—the statutes and ordinances – that the Lord your God charged me to teach you to observe in the land that you are about to cross into and occupy, so that you and your children and your children’s children may fear the Lord your God all the days of your life, and keep all his decrees and his commandments that I am commanding you, so that your days may be long. Hear therefore, O Israel, and observe them diligently, so that it may go well with you, and so that you may multiply greatly in a land overflowing with milk and honey, as the Lord, the God of your ancestors, has promised you.<sup>67</sup>

You shall love the Lord your God with all your heart, and with all your soul, and with all your might.<sup>68</sup>

Scripture is also quite clear about the primary source of material by which to uphold that covenant:

All Scripture is inspired by God and is useful for teaching, for reproof, for correction, and for training in righteousness, so that everyone who belongs to God may be proficient, equipped for every good work.<sup>69</sup>

Addressing the American concept of formal education, Sproul takes the position that the obligation to raise and to educate children lies squarely with the parents.

“There is no separation between raising your children and education.”<sup>70</sup>

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<sup>67</sup> Deuteronomy 6:30, OAB.

<sup>68</sup> Deuteronomy 6:5, OAB.

<sup>69</sup> 2 Timothy 3:16, OAB.

<sup>70</sup> Sproul, Jr., Video 2.

In presenting the central thesis of Sproul's position, he states in summary, that the preparation of children for life is not primarily about the "Three R's," nor about all of those matters that surround expertness in human terms, though that is what most families in our culture are concerned about. Rather, for Sproul and for the author, the primary focus for Christian families must be based in understanding and imparting the "*Three G's*."

Formal education and other preparation for life are to be anchored in the teaching of the "*Three G's*." All other learning is for the purpose of facilitating understanding, internalizing, and living-out these foundational principals, which are:

- Who God Is.
- What God has Done.
- What God Requires.<sup>71</sup>

It is significant to note that the framing of truth in these simple concepts has provided a sense of closure for the quest begun in the early pages of this chapter. In this simple formula we have a framework within which to ascertain the answer to questions concerning the who, the why, and the way of the prodigal and his journey. All of the sociological, psychological, economic, and even spiritual forces involved in this universal drama called "The Parable of The Prodigal Son" have roots in these theological concepts.

Clearly, the data contained in this chapter strongly suggests that loving traditional families, that teach children healthy values, boundaries, and problem solving skills based upon sound biblical principals, provide a basic inoculation

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<sup>71</sup> Sproul, Jr., Video 3.



against the malaise of beckoning negative options promoted by popular culture.

Arming, (with the armor of God,) children with foundational answers to the questions of life and its related challenges provides a “leg up,” an internal guidance system, that mediates to some extent, serious wandering in the wilderness. The data from the works cited in this chapter support the thesis that families that are not lost tend to raise children who are not lost.

The internal referents internalized through being raised in a Christian family which focuses on knowing and teaching the “three G’s” continue their presence in the young who do choose to travel to the “distant land” marking the path for the journey home. Those who know God in Christ also have that “still small voice” summoning them home, revealing to them anew the nature and identity of *The Father*.

The importance of the work of the community of faith in educating and nurturing children and families in preparation for the journey of life cannot be overstated. Providing children with the essential belief system and world view from which their faith can develop into maturity is paramount. Conversely, as is apparent from the data from Kipnis and others, children who are raised without that clear sense of who they are and whose they are begin life’s journey lost from the start.

The faith community has an obligatory role in educating and nurturing families and in developing, modeling, and communicating a clear system of values and beliefs as part of the church’s covenant relationship with God and the parents. Indeed, as R.C. Sproul Jr. puts it: “*If you have children, you have disciples.*”<sup>72</sup>

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<sup>72</sup> Sproul, Jr., Video 2.

The children are the parent's disciples, and, therefore, the disciples of the faith community as well. The covenant is three dimensional: parents, children, and Almighty God.

Of equal significance, but perhaps not as clearly understood or addressed by the community of faith, is the fact that *all* children belong to God, not just our own children. The covenant requires more than teaching and nurturing our own. It should foster renewed impetus and broader focus to the Great Commission where young people are concerned. To that end, it is essential to rethink the definition of mission outreach. This study points to the necessity of developing caring ministries that specifically target young people both within the church and beyond. These programs and activities must receive greater emphasis at every level.

Recognizing the enormity of the challenge, the author concludes this chapter reminded of the words of Mother Theresa of Calcutta, who, when asked if she thought she would be successful in her work with the dying destitute, responded: "*We are not called to be successful; we are called to be faithful.*"<sup>73</sup>

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<sup>73</sup> Mother Teresa.

CHAPTER 5  
SUBSTANCE ABUSE AND ADDICTION IN ADOLESCENCE  
“DESCRIBING THE MONSTER”

Scripture warns, “Like a lion your adversary the devil prowls around, looking for someone to devour.”<sup>1</sup> Central to this thesis project is the mounting evidence that a young person’s vulnerability to being “devoured” is profoundly increased through the use of alcohol or other drugs. Furthermore, recent research suggests similar vulnerability may occur through repetitive involvement in other seductive, euphoria producing behavior such as cyber sex, pornography, gambling, etc. For at least some persons, this repetitive pleasure seeking results in altered programming of the brain’s pleasure centers, leading to obsession and compulsion. Indeed it seems that science is revealing what Scripture has proclaimed, “Even Satan disguises himself as an angel of light.”<sup>2</sup> In their book The Pornography Trap, Ralph Earl Jr. and Mark Laaser state: “Sex addicts are addicted to their own brain chemistry.”<sup>3</sup> According to these writers, the individual who ruminates about any euphoria producing behavior may develop an increased neurochemical *tolerance*, thus requiring more of the pleasure producing stimuli to feel normal. This process parallels that of the alcoholic or drug addict in the way in which the pleasure

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<sup>1</sup> 1 Peter 5:8, Oxford.

<sup>2</sup> 2 Corinthians 11:14, OAB.

<sup>3</sup> Ralph Earle Jr. and Mark Laaser, *The Pornography Trap*, (Kansas City: Beacon Hill Press, 2002), 62.

centers of the brain become programmed, or *hijacked*. Of significance to this thesis project it is important to recognize that *addictions do not travel alone*.

Researchers Milkman and Sunderwirth, describe “the doorway to excess” as a consequence of obsessive pleasure seeking. They define addiction as “self-induced changes in neurotransmission that result in behavior problems.” They further posit that “It is unnecessary to develop separate sets of principals to explain how drug use and other compulsive behaviors gain control over human life.”<sup>4</sup> According to these researchers this broader definition encompasses a multidisciplinary understanding of compulsive problem behaviors.<sup>5</sup> Reflecting upon the perspective of these writers, the concerns and proposals contained in this thesis project take on additional urgency.

Any explanation of addiction will be essentially incomplete as addiction is multi-faceted, complex, “cunning, baffling and powerful.” From the clinical experience of the author, and consistent with the work of such researchers as Goldstein, Amen, Ruden and Byalick, it appears that there are four primary, but interrelated populations at risk for developing serious problems with alcohol or other drugs.<sup>6</sup> These are not disparate and unique populations, but are here categorized to facilitate understanding of the interplay of addiction, co-occurring disorders, and the forces at work in a *culture of excess*. The four primary categories are:

- Persons who by their use relieve symptoms of diagnosed or undiagnosed mental illness.

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<sup>4</sup> Harvey Milkman and Stanley Sunderwirth, *Craving For Ecstasy*, (San Francisco: Jossey-Bass Inc., 1987), 1.

<sup>5</sup> *Ibid.*, 3-6.

<sup>6</sup> Goldstein 99-104, Amen 224-301, Ruden and Byalick 70.

- Persons who by their use relieve symptoms of life trauma issues.
- Persons who are culturally conditioned *abusive users*.
- A person whose neurochemistry predisposes them to addiction, or whose neurochemistry is changed by the process of repetitive use, resulting in addiction, with or without a co-occurring disorder.<sup>7</sup>

In short, problem behaviors related to the use of alcohol or other drugs may be cause or effect. The neurochemistry of addictive behavior seems to be a two sided problem. Some persons have a neurochemical *predisposition* to addict as a result of the repetitive use of euphoria producing chemicals. Secondly, based upon the clinical experience of the author, and consistent with the research cited above, others may *cause* the neurochemical pathway to addiction through the repetitive use of euphoria producing chemicals even though not pre-disposed. In short, if a drug abuser *tries hard enough* he can “earn his way in,” through chemical alteration of their neurotransmission system. In either case, the altered brain chemistry results in the *compulsion to uncontrollable drug seeking and use despite increasing harmful consequences*. This scientific data from PET scan studies underscores the author’s concern for young people who naively experiment, expecting no long term consequences. Of related concern is that, while genetic predisposition has not been scientifically demonstrated, the neurochemistry of the “addicts” brain has been shown by PET scan technology to be *different*. Alan Leshner, Ph.D., Director of the National Institute on Drug Abuse has stated:

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<sup>7</sup> Ibid.

Dramatic advances over the past two decades in both the neurosciences and the behavioral sciences have revolutionized our understanding of drug abuse and addiction.

Scientists have identified neural circuits that are involved in the actions of every known drug of abuse, and they have specified common pathways that are affected by almost all such drugs. Research has also begun to reveal differences between the brains of addicted and non-addicted individuals and to indicate some common elements of addiction, regardless of the substance.<sup>8</sup>

Furthermore, despite the lack of clear evidence for genetic vulnerability, risk factors related to a family history of addiction is that individuals have a four times greater probability of developing addiction if they come from a family system in which addiction is present. Citing family risk factors for addiction, Milkman and Sunderwirth firmly advocate the necessity of abstinence. They state: "...besides abstinence, a most effective way to avoid addiction is to 'pick your parents carefully.'"<sup>9</sup>

This chapter describes the metaphorical "*Monster*" primarily in language related to problems associated with the use of alcohol and other drugs, but the processes behaviorally and neurochemically between drug and alcohol problems and other "addictive behaviors" such as compulsive gambling, pornography, cyber-sex, etc. are striking in similarity.<sup>10</sup>

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<sup>8</sup> Alan Leshner Ph. D. and Bill Moyers, Close to Home; "The Hijacked Brain" video.

<sup>9</sup> Milkman and Sunderwirth, *Craving Ecstasy*, 15.

<sup>10</sup> Patrick Carnes, Ph.D., David L. Delmonico, Ph.D., and Elizabeth Griffin, *In the Shadows of the Net: Braking Free of Compulsive Online Sexual Behavior*, (Center City: Hazelden, 2001), 30-53.; Earle and Laaser, *The Pornography Trap*, 11- 22.

Most such problems begin with a “romantic” notion that involvement in the euphoria producing experience will lead to intimacy and happiness, thus the second part of the metaphor which the author has termed “The Waltz.”

To the author, this “moth to flame” experience typically begins as naive “*flirtation*,” filled with excitement, anticipation, magic and music and usually, at first, no negative consequences. The *seduction* follows the same sequence whether related to drugs and alcohol or other addictive experiences. Infatuation, deepening arousal and involvement, and at points “wanton abandon” are common experiences. Who could anticipate, especially as an adolescent, that substances and behaviors that cause one to *feel* so good could turn, as so vividly portrayed in the proverbial Dr. Jeckel and Mr. Hyde story into a “*Monster*” from which escape is simultaneously impossible and undesirable? Such is the “waltz with the monster” which the author will examine in detail.

#### **FURTHER EVIDENCE FOR CONCERN:**

As reported by the national Household Survey on Drug Abuse conducted by the Substance Abuse and Mental Health Services Administration (SAMSHA) and the monitoring the future study conducted by the National Institution Drug Abuse (NIDA) data released in 1996 indicate several disturbing trends.

Consistent with the author’s introductory statements of concern in chapter one, these surveys found the following:

- The perceived risk of harm from drug involvement has been declining while the availability of drugs has been rising.<sup>11</sup>
- In 1997, substance abuse among 12-17 year old children rose to 11.4 with illicit drug use among 12 and 13 year olds increasing from 2.2% to 3.8% according to the 1997 National Household Survey in Drug Abuse conducted by the Substance Abuse and Mental Health Services Administration.
- These same studies revealed that increasing numbers of females are at risk. It noted that substance abuse by adolescent females extensive enough to meet the diagnostic criteria for an alcohol use disorder was approximately 9%. For males the picture is even bleaker with about 20% meeting the diagnostic criteria.<sup>12</sup>

According to SAMSHA in 1996 a statewide survey in Minnesota found that 11% of 9th grade students and 23% of 12<sup>th</sup> grade students met formal diagnostic criteria as established in the Diagnostic and Statistical manual of Mental Disorders for drug dependence disorder<sup>13</sup>

Furthermore, according to the National Household Survey on Drug Abuse, while adult drug abuse has remained level, illegal drug use among teens doubled between 1992 and 1995 according to the National Household Survey on Drug Abuse.<sup>14</sup> Approximately 11 million American youth under the age of 21 drink

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<sup>11</sup> Ken C. Winters, Ph.D., "Treatment of Adolescents With Substance Abuse Disorders," Treatment Improvement Protocol (TIP) Series 32, (1999): 1.

<sup>12</sup> Alan M. Cohen, *Kids Out of Control* (Center City: Hazelden, 1998), 35-47.

<sup>13</sup> "Treatment of Adolescents With Substance Abuse Disorders," Treatment Improvement Protocol (TIP) Series 32, (1999): 2.



alcohol. Nearly half of them drink to excess, consuming five or more drinks in a row, one or more times in a two week period. Drug use among teens still is well below the levels recorded in the 1970s and early 1980s, but the recent rise in marijuana use among teenagers is at the heart of many statistics showing increased drug use. The increase in youth drug use has been a trend that began in 1991, according to public health officials and several national studies.

Alcohol is the most frequently used drug by high school seniors, and its use is increasing. Boys usually try alcohol for the first time at age eleven, while the average age for American girls' first drink is thirteen. These data suggest that our nation's youth are indeed flirting with disaster. Furthermore, underage drinking is a factor in nearly half of all teen automobile crashes, the leading cause of death among teenagers. Additionally, alcohol use contributes to youth suicides, homicides and fatal injuries – the leading cause of death among youth after auto crashes. Also, alcohol abuse is linked to as many as two thirds of all sexual assaults and date rapes of teens and college students. Alcohol is also a major factor in unprotected sex among youth, increasing their risk of contracting HIV or other transmitted diseases.<sup>15</sup> Whereas 87% of high school seniors have used alcohol; in comparison, 63% have smoked cigarettes; 32 % have used marijuana and only 6% have used cocaine.<sup>16</sup>

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<sup>14</sup> "Increased Teen Drug Use Points to Prevention Needs," *Nation's Health: Washington Newsletter* vol. 26, issue 8, (Sept 1996): 4.

<sup>15</sup> American Medical Association, "Facts About Youth and Alcohol: A Wasted Youth," Last Updated: Nov 2003, Visited July 2004, <http://www.ama-assn.org/ama/pub/category/3566.html>.

<sup>16</sup> "Monitoring the Future: National Results on Adolescent Drug Abuse" National Institute on Drug Abuse, Overview of Key Findings 1992.

In 1979, adolescent marijuana use peaked, with 16.3% of people 12 to 17 years old using the drug. But while federal reports showed steady declines in marijuana use among teens until 1992, when 5.3% of people in the 12 to 17 age group reported using the drug, the number grew to 10.9% in 1995.<sup>17</sup> Among the findings of the 1995 survey on drug use were that about 10 million people underage 21 were alcohol drinkers in 1995.<sup>18</sup> Of these, 4.4 million were binge drinkers.

Additional findings were that illegal drug use among American teens remained unchanged between 1998, and 1999. The latest Monitoring the Future Survey, which focused on 8<sup>th</sup>-10<sup>th</sup>, and 12<sup>th</sup> graders, found that drug use, including the use of marijuana, generally remained unchanged in the past year. The survey marks the third consecutive year that overall drug use among teens had declined or stayed level in all categories – lifetime, past year and past month use. Among what researchers called “the few statistically significant changes” reported were increases in MDMA (ecstasy), decreases in the use of crack cocaine and increases in steroid use among the same ages listed earlier.<sup>19</sup>

This survey was conducted by the University of Michigan’s Institute for Social Research and funded by the National Institute in Drug Abuse. It has tracked 12<sup>th</sup> graders illicit drug use and attitudes toward drugs since 1975. The 1999 study surveyed 45,000 students in 433 schools across the country.<sup>20</sup>

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<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Drug Use Among U.S. Teens Leveling Off, Survey Finds, *Nation's Health*, Vol. 30, Issue 1, (February 2000): 23.

<sup>20</sup> Ibid.

Another recent study published in the American Journal of Public Health suggested that the alarming rise in marijuana use among youth in the mid-1990's may lead to a new and even more alarming crack epidemic, as was seen in a previous generation. The study found that young people who started marijuana at early ages progressed to cocaine at rates higher than those who started using marijuana in their late teens.<sup>21</sup> Teenager's first use of alcohol typically begins around the age of 13.<sup>22</sup> For many years alcohol was the next most frequently used drug on a daily basis for teens in 8<sup>th</sup> – 10<sup>th</sup>, and 12<sup>th</sup> grade, but because marijuana use rose substantially in the 1990's, it now exceeds daily alcohol use. The daily alcohol use rates in 2002 were 0.7%, 1.9% and 3.5% in grades 8, 10, and 12, respectively.<sup>23</sup>

Researchers are unclear why so many of today's youth are turning to drugs and alcohol. Consistent with the core tenets of this thesis project, one explanation offered is related to their developing "sense of self," as they resonate with media portrayals of life and personal worth. According to a new report released by Students Against Destructive Decisions (SADD) and Liberty Mutual Group, how teenagers feel about themselves plays a significant role in whether they choose to drink or use other drugs.<sup>24</sup> Of no surprise to the author, the "Teens Today 2003" study reported that a teens' "sense of self" can influence sexual behavior and reaction to peer pressure,

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<sup>21</sup> "Rise in Marijuana Use Among Youth May Not Lead to Crack or Cocaine Epidemic, Says Study," *AScribe Newswire*, 31 January 2001, 7.

<sup>22</sup> Public Health Service, DHHS Healthy People 2000; National Health Promotion and Disease Prevention Objectives, Washington DC, 1990, 97.

<sup>23</sup> "Monitoring the Future: National Results on Adolescent Drug Use," National Institute on Drug Abuse, Overview of Key Findings 1975-2002, 79.

<sup>24</sup> "Adolescent Health: Study Links Teens' "Sense of Self" to Alcohol, Drug Use, and Sex," *Pain & Central Nervous System Week*, 29 March 2004, 12.

and, more importantly, can be affected by a teen's relationship with parents. "Sense of self" is a young adult's self-evaluation of his/her progress in three developmental areas: identity formation, independence, and peer relationships. The report also found that teens with a high sense of self feel more positive about their own identity, growing independence, and relationships with peers than do teens with a low sense of self.<sup>25</sup>

Specifically, high "sense of self" teens reported feeling smart, successful, responsible and confident as well as citing positive relationships with parents. Of further significance to this project, the study also revealed that parental involvement strongly correlates with teens' sense of self as well as decisions they make regarding alcohol and drug use. Teens with low sense of self are more likely to use alcohol and "harder" drugs such as ecstasy and cocaine. Stephen Wallace, the chairman and chief executive officer of the national SADD organization, was quoted as saying, "This information is critically important in helping us to better understand the role that self-definition plays in predisposing young adults to destructive decision-making, establishing a clear link between 'who they are' and what they do."<sup>26</sup> The implications of this statement are pivotal to this thesis project. Self definition is developed in the context of one's *authoritative community*. Important to the analysis of this dilemma, The National Center on Addiction and Substance Abuse at Columbia University published a monograph entitled "No Safe Haven: Children of Substance Abusing Parents." In the Introduction and Executive Summary the following is stated:

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<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

“Substance abuse and addiction are the primary causes of the dramatic rise in child abuse and neglect and an immeasurable increase in the complexity of cases since the mid-1980s.”<sup>27</sup> From these troubled families come troubled children with at least a four- fold increased risk of developing their own complex of addictions. For them the “*waltz with the monster*” seems normal, and “*the music*” familiar.

### THE ADDICTION PROCESS IN ADOLESCENCE

While it can be accurately stated that “addiction, is addiction, is addiction,” there are issues unique to the adolescent population. Consistent with the author’s concern about the unique vulnerability of the young, a 1999 Substance Abuse and Mental Health Services Administration, Treatment Improvement Protocol included the following brief commentary:

Adolescent users differ from adults in many ways. Their drug and alcohol use often stems from different causes, and they have even more trouble projecting the consequences of their use into the future...

At a physical level, adolescents tend to have smaller body sizes and lower tolerances, putting them at greater risk for alcohol-related problems even at lower levels of consumption. The use of substances may also compromise an adolescent’s mental and emotional development from youth to adulthood because substance use interferes with how people approach and experience interactions.<sup>28</sup>

### “THE WALTZ”:

### THE PATHOLOGY OF THE PRODIGAL ON A CHEMICALLY ALTERED JOURNEY

In a recent article in *Marriage and Family; A Christian Journal*, Chapman R.

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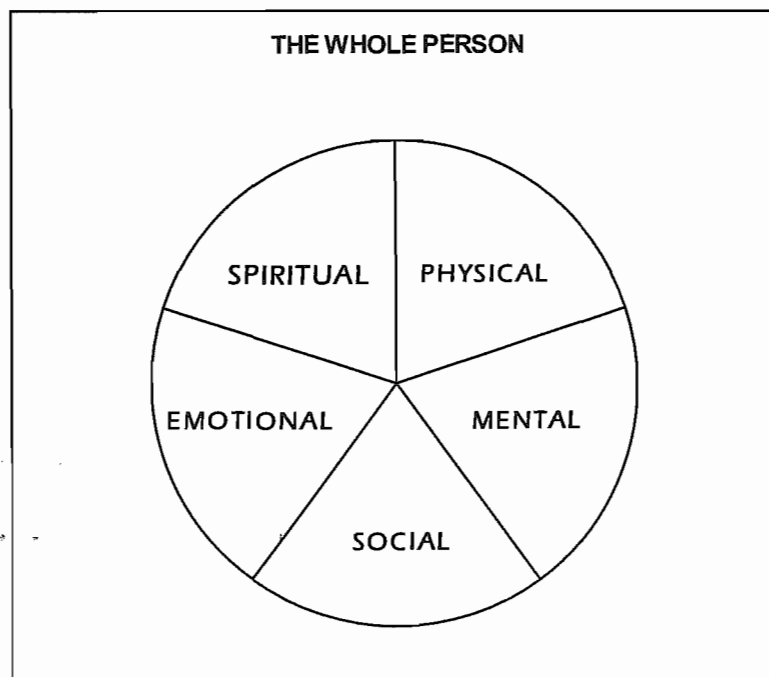
<sup>27</sup> “No Safe Haven: Children Of Substance Abusing Parents” *The National Center on Addiction and Substance Abuse at Columbia University*, January 1999.

<sup>28</sup> Treatment of Adolescents With Substance Abuse Use Disorders, Treatment Improvement Protocol (TIP) Series 32, SAMSHA DHHS 1999, xvii.

Clark offered the following description of the experience of adolescence as follows:

The best metaphor I have seen to understand this journey is a tightrope, where the stanchion on one side represents childhood, the stanchion on the other adulthood, and the tightrope of adolescence stretches between the two support systems. This representation recognizes that while there may be several people offering to assist an adolescent on the journey, no one else can be on the tightrope with him or her because the process itself is by definition a journey the young *person* must navigate by *themselves* as they seek to discover who they are. . . .<sup>29</sup>

This is indeed an intriguing metaphor when one considers such a balancing act impaired by alcohol or other drugs. The author perceives the chemically altered journey of the adolescent as *experiencing life through a chemical screen*. Even for the young person who does not fully meet the criteria for addiction, substance abuse interferes with every aspect of *Whole Person* development. Graphically the Whole Person Concept may be depicted as follows:




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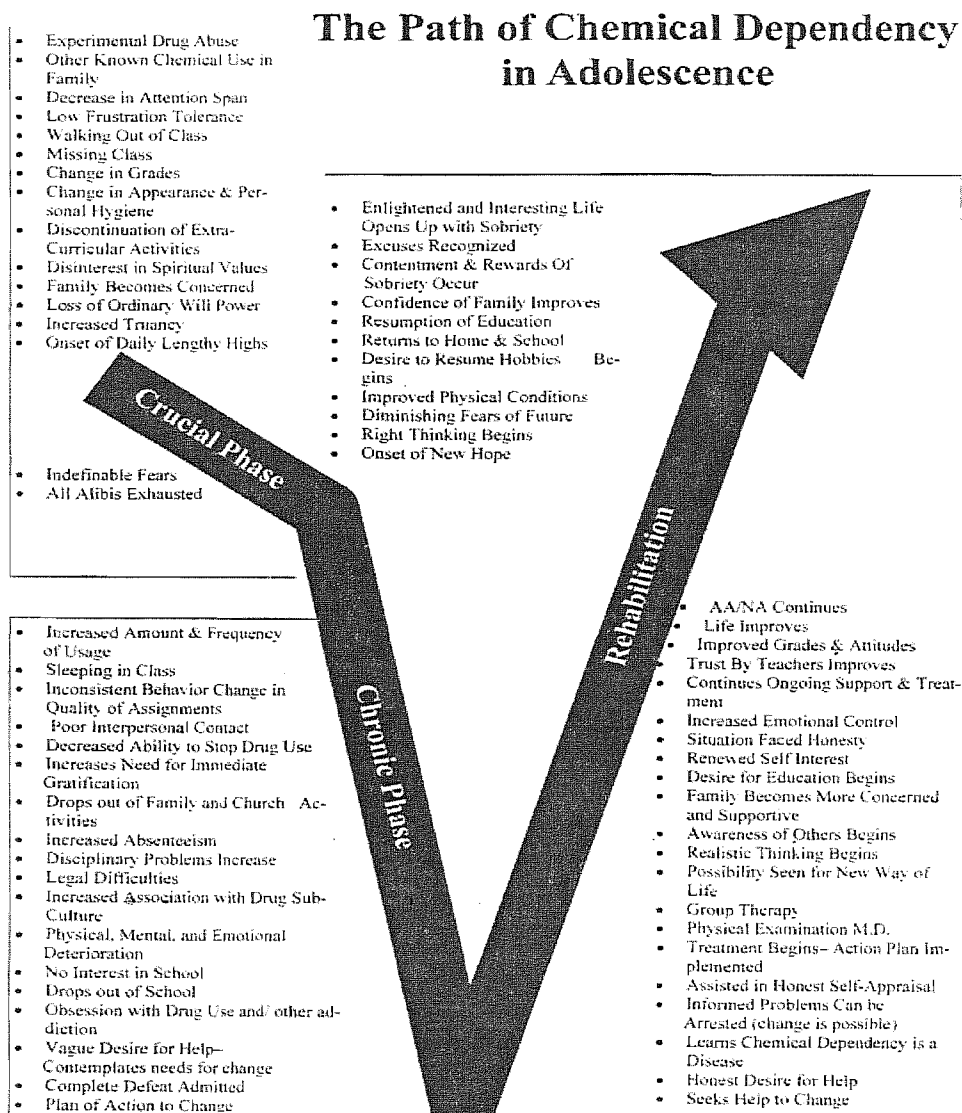
<sup>29</sup> "Marriage & Family; A Christian Journal," American Association of Christian Counselors, vol. 6 issue 3 (2003): 349-350.

Consistent with the SAMSHA data common characteristics of increasing harmful involvement include:

- Deterioration of the young person's personal potentials which is usually apparent first in the spiritual dimension. Early in the harmful involvement stage young people often violate their own value system. Examples include lying to self, or family, or participating in high risk behaviors which are contradictory to stated beliefs.
- The physical appearance and fitness level may indicate a problem as well. Often teens who are developing a relationship with the *Monster* drop out of sports, Scouts, or other physically challenging activities. With a word of caution about stereotyping, often young people harmfully involved begin to *wear the uniform* of their new affiliation. The author is not referring here to gang apparel, but rather the current dress of the drug using sub-culture.
- The effect of neurotransmission altering chemicals often impacts intellectual functioning. Often lethargy, deteriorating grades, and growing disinterest in intellectual pursuits are part of the presenting pattern.
- Change of social network, including age inappropriate peers, distancing from long time friends, often are shrouded in a pattern of secrecy and mystery, or show evidence of high risk behavior not previously present signal concern.
- Significant changes in emotionality may also be symptomatic of

addictive behavior. While hyper-emotionality is a common characteristic of adolescent development, depression, insomnia, rage reactions or even excessive giddiness also signal concern. Emotionality that is clearly out of character and is episodic or pervasive may signal onset of a number of problems.

The following graphic depicts in somewhat more detail the spiral from use, through abuse, to dependency and the progression to recovery:





In relationship to the spiral into addiction depicted in figure 2, it should be noted that *self-definition* and *self-esteem* are importantly linked to *life mastery*. Life mastery develops as the result of the *process* of meeting the social, mental, physical, emotional and spiritual challenges of each day more-or- less successfully, then rationally building upon that experience. As the number of days of successful mastery increase, so does self-esteem and resultant self-definition. Conversely, chemically altered experiences and responses lead to irrational perceptions, pseudo-relationships, and less successful attempts at life mastery.

Isolation is common among substance abusers and addicts. Adolescents harmfully involved with mind altering chemicals develop a *primary relationship* with their chemicals of choice. Their *mastery* becomes that of compulsive drug seeking and use, in spite of increasing harmful consequences and pseudo-relationships with persons similarly preoccupied. The drug using lifestyle often places young persons in adversarial relationships with parents and others who see but do not understand the changing behavior. The result of these deteriorating relationships is further alienation from the young person's authoritative communities. As a result, the adolescent's *self-definition* becomes linked to the drug using sub-culture. As alienation increases the young person's self-esteem emanates from identity and status in the new authoritative community.

It is beyond the scope of this project to describe in detail all of the variations on this theme, but young persons who succumb to the seductive *music* of other addictive behavioral patterns, often seemingly benign, face similar barriers to healthy development. To cite one noteworthy, albeit extreme example, John Naisbitt, in his

book High Tech-High Touch observes:

In America, children are being drafted into war at about the age of seven. The Military-Industrial Complex that President Eisenhower warned about is becoming a Military-Nintendo Complex with insidious consequences for our children and our society. American military actions resemble high-tech electronic games while on our soil we are witnessing another war. The soldiers are children, the battlegrounds their schools, and their engagements resemble the same violent electronic games that train our military and ‘entertain’ our children.

‘Doom will become reality!’ wrote one of the two Littleton terrorists before the Columbine High School killings began... ‘What they did wasn’t about anger or hate,’ said their friend Brooks Brown, ‘it was about them living in the moment, like they were inside a video game.’<sup>30</sup>

To the author, it seems obvious; the brain is indeed like a computer, “garbage-in, garbage-out.” Scripture speaks specifically about the consequences of consistent repetitive preoccupation with evil: “And since they did not see fit to acknowledge God, God gave them up to a debased mind and to things that should not be done....”<sup>31</sup> In the many studies cited in this project science has described what the Bible proclaims. This thesis project focuses the nature of the struggle of adolescent development complicated by addictive pleasure seeking. Proverbs 22:3 declares “The clever see danger and hide; but the simple go on and, and suffer for it.”<sup>32</sup>

How the young person becomes seduced by the *Monster* in all of his many disguises is a question of paramount importance. Psychologist Carlo DiClemente proposes that *addictions* develop through a series of identifiable stages which are described as, Pre-contemplation>Contemplation>Preparation>Action>Maintenance.

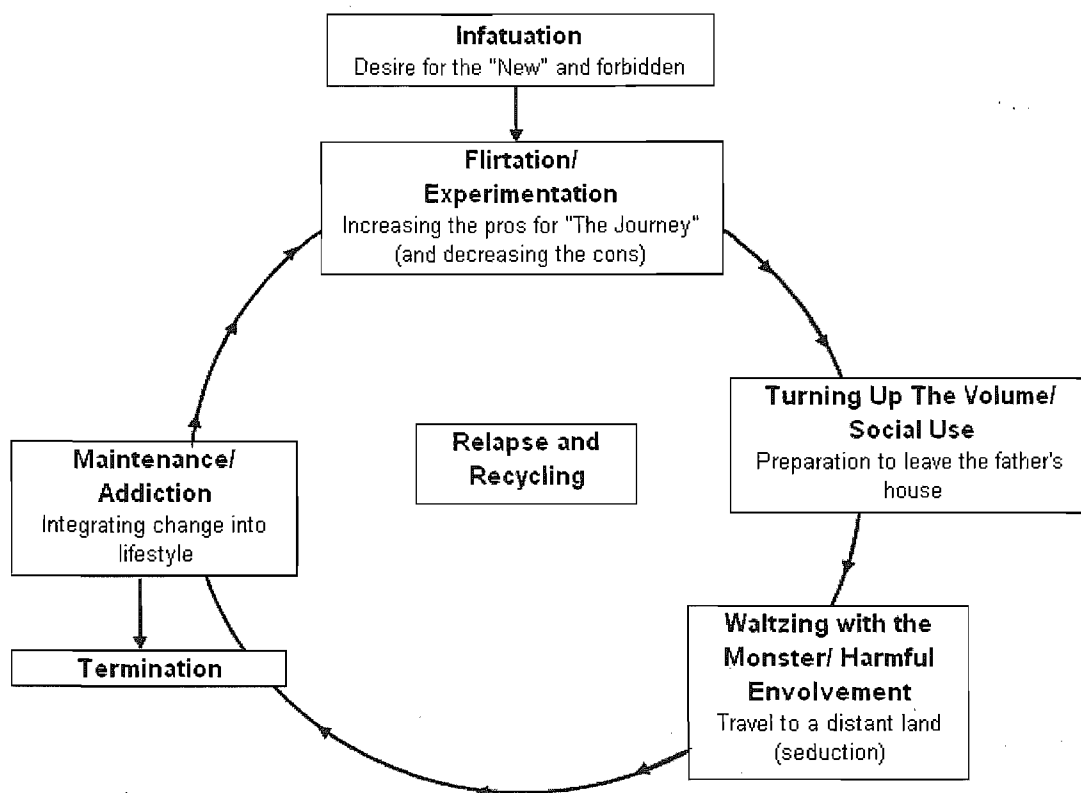
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<sup>30</sup> John Naisbitt, *High Tech • High Touch: Technology and Our Search For Meaning* (New York: Broadway Books, 1999), 65-66.

<sup>31</sup> Romans 1:28, OAB.

<sup>32</sup> Proverbs 22:3, OAB.

In relationship to understanding adolescent development and on-set of the prodigal journey, his “Trans-theoretical Model” offers an interesting perspective.<sup>33</sup> While DiClemente correctly presents this model as a structure for intentional behavior change, the author perceives that the same sequence is followed when *intentionally* making a choice to travel *to a distant land* as is followed intentionally working one’s return to the *Father’s House*. Thus, the path of addiction is similar to the path of recovery. Two graphics from DiClemente, the first in edited form, and the second in original form, illustrate the author’s point:



As the adolescent moves in his substance abuse or other addictive path, he also moves through the stages of change. Metaphorically, the progression from use,

<sup>33</sup> Carlo DiClemente, *Addiction and Change* (New York: The Guilford Press, 2003), 24-43.

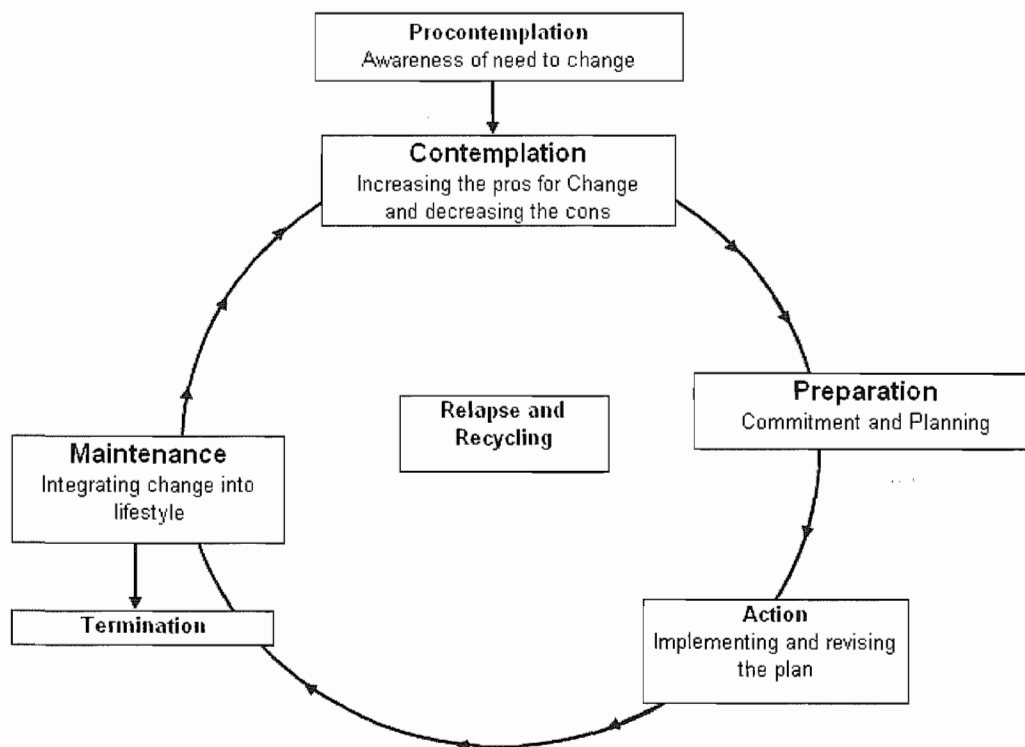
through abuse, to dependency is as follows:

- Pre-contemplation: “Life is boring and flirtation with this *new thing* might be fun and lead to intimacy and happiness.”>
- Contemplation: “Perhaps the old ways are wrong, this new *music* seems exciting, and perhaps *waltzing* with this seductive *new creature* will take me out of myself, to a place I have never been.”>
- Preparation: “I’ll turn up the music, I really like this dance. I should do this more often. I’ll move nearer.”>
- Maintenance: “This new land is exciting, there seem to be some monsters, and witches, and scary situations here, but I’ll get use to it if the music doesn’t stop.”> (The Prodigal is once again in the Pre-contemplation Stage.)

But frequently, the *music* stops; the Prodigal finds himself/herself *in want* and in a “pig-pen.” The *Monster* has turned and the Prodigal is at risk of being *devoured*.

Once again in the Contemplation Stage, the cycle may be reversed. Opportunities exist for interventions at every developmental stage. Persons significant in the life of the adolescent may intervene at critical points, preventing or interrupting the *Prodigal journey* and, if necessary, provide support that may facilitate the Prodigal’s *coming to himself or herself, and completing the journey home to The Father’s House*.

DiClemente outlines the facilitated *journey home* as follows:



Chapter six will describe prevention, intervention, and support services essential to the healthy development and/or recovery of young persons at risk of being seduced by substance abuse ending in addiction. Since all are Prodigal “Sons and Daughters” by nature, any system designed to prevent or inhibit the journey to the *distant land* must take into account both the uniqueness of the individual, and the nature and craftiness of the adversary. Often it is the redemptive power of God, communicated through family members, and guided by Helping Professionals, that results in a miraculous deliverance. “So, if The Son makes you free, you will be free indeed.”<sup>34</sup> The author will address both in a practical and systematic way in the pages to follow.

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<sup>34</sup> John 8:36, OAB.

**CHAPTER 6**  
**A GUIDE FOR CLERGY, PARENTS AND HELPING PROFESSIONALS**  
**“INTERRUPTING ‘THE MUSIC’, CUTTING IN, AND INVITING THE**  
**HOMECOMING”**

In preceding chapters the author has defined and described the precarious nature of the adolescent journey common to all, yet profoundly exacerbated by those who use, abuse, or become addicted to mind altering chemicals. Reference has also been made to the behavioral and neurochemical similarities between addiction to alcohol or other drugs and the obsessive and compulsive rituals which result from repetitive involvement in euphoria producing activities such as compulsive gambling, internet pornography, sex addiction, violent video gaming etc. All of these issues, from the perspective of the social and behavioral sciences, as well as from Scripture constitute, a potentially destructive spiral truly akin to the chosen metaphor, “waltzing with the monster.”

The author’s purpose in the remaining pages is to provide a practical and useful guide for life enhancing prevention, intervention and support for the developing young person. Following the metaphorical conceptualization of “waltzing with the monster,” the remainder of this project is focused on *interrupting the music*, *cutting in*, and facilitating *the homecoming*. To be practical it will be necessary to avoid redundancy and the tendency to return to theory and philosophical hair splitting. Yet, in the pages to follow the specific concepts, strategies and methods shall be firmly grounded in the research contained in the preceding chapters of this thesis project.

## PRIMARY PREVENTION: THE FAMILY

Earlier in this thesis project the author cited a recent work by the Commission on Children at Risk entitled “Hardwired to connect, the New Scientific Case for Authoritative Communities.”<sup>1</sup>

This 2003 data affirms biblical precepts which many Christians have given lip service to but have allowed to erode in practice, which is that the traditional family is the *primary authoritative community*. Other research cited earlier in this project related to single parent homes, fatherless homes etc. serve to underscore this essential reality.

R.C. Sproul Jr. has observed, “Our conception of the family is grounded more in modern American individualism than the Word of God. We tend to see ourselves by ourselves.”<sup>2</sup> Sproul’s insight informs the author’s point, in his description of the Sproul family’s catechism:

Ask them what a Sproul is, and they answer, ‘Sprouls are free.’  
Ask them who Sprouls serve, and they will tell you, ‘Sprouls serve Jesus Christ.’ Ask them who Sprouls fear, and they will tell you, ‘Sprouls fear no man; Sprouls fear God. These are not conclusions to which my children have come on their own....My children believe them because they are what Daddy has told them. I am indoctrinating my children. They’re too little to fight back with me, which is just as it should be.’<sup>3</sup>

Sproul believes, as does the author, that it is the foremost task of the parents and family to raise biblically responsive adults. In the context of this thesis project it is

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<sup>1</sup> The Commission on Children at Risk. “Hardwired to Connect; The New Scientific Case for Authoritative Communities, Executive Summary.” Institute for American Values, New York 2004.

<sup>2</sup> R.C. Sproul, Jr., *Training Up Children*, Video 1,2,3. Ligonier Ministries, 2003, videotape.

<sup>3</sup> *Ibid.*,

preventive medicine. It is the spiritual antidote that enhances the young person's resistance to the seductive *music* of a frenzied culture calling them at every corner to join in the *waltz* of the Prodigal. A well led Christian family provides a place of separation from the world even while living in the world a primary authoritative community that essential to the healthy development of youth. Dallas Willard recently cited an experiment with mice that illustrates the point. He notes:

A researcher found that when amphetamines are given to a mouse in solitude, it takes a high dosage to kill it. Give it to a group of mice, and they start hopping around and hyping each other up so much that a fraction of the dosage will be lethal- so great is the effect in the world on mice. In fact a mouse given no amphetamines at all, placed in a group on the drug, will get so hyper that in 10 minutes or so it will be dead. "In groups" Willard noted, "they go off like popcorn."<sup>4</sup>

In the context of this writing it seems that, while one might wish that only mice would be so foolish as to hang out with other mice that are so hopped up, so driven to this mindless *waltz* which puts their lives at risk, but the data cited earlier related to broken or otherwise at risk families belies this. The vacuum resulting from such dysfunction and the power of peer pressure complicated by alcohol and other drug use makes this experiment doubly significant. Colossians 3:12 admonishes, "Fathers, do not exasperate your children, so they won't become discouraged."<sup>5</sup> Exasperated and discouraged children often seek solace in a distant land and medicate their feelings of abandonment or aloneness.

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<sup>4</sup> John C. Ortberg, "Taking Care of Busyness: How to Minister at a Healthy Pace" *Leadership Journal*, (February 1998): 1-8.

<sup>5</sup> Colossians 3:12, OAB.



The Bible further proclaims that sin is passed from parent to child<sup>6</sup> thus in the primary authoritative community it is essential to model biblically based *right acting* as well as *right thinking*. There are specific roles for father and mother in the context of the primary authoritative community and the framework for parents and family relationships are well delineated in Scripture. The Bible delineates what Sproul rightly observes, that each parental duty is fashioned by eternal, moral, and personal goals:

- The securing of the child's salvation.
- The training of the child in the ethics of Christ.
- The relational goals of effective parenting.<sup>7</sup>

The importance of parents and family as the primary authoritative community is paramount in structuring the belief system and therefore, resiliency in children.

In citing reasons for why beliefs matter, Josh McDowell observes "...while we need to fear what our kids could be tempted to do, we need to be more concerned with what our kids are led to believe."<sup>8</sup>

In support of this position McDowell offers the following statistics:  
In his own research with a sample of 3700 young people who regularly attend church he found that those who lack a basic biblical belief system are:

- 225 percent more likely to be angry with life.
- 216 percent more likely to be resentful.

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<sup>6</sup> Exodus 34:7, OAB.

<sup>7</sup> R.C. Sproul, Jr., *Training Up Children*, Video 1,2,3. Ligonier Ministries, 2003, videotape.

<sup>8</sup> Josh McDowell, *Beyond Belief to Convictions* (Carol Stream, IL: Tyndale House Publisher, 2002), 5-18.

- 210 percent more likely to lack purpose in life.
- 200 percent more likely to be disappointed in life.
- 36 percent more likely to lie to a friend.
- 48 percent more likely to cheat on an exam.
- 200 percent more likely to steal.
- 300 percent more likely to use illegal drugs.
- 600 percent more likely to attempt suicide.<sup>9</sup>

Clearly given these statistics, the first line of defense is the Christian covenant family. The nature of the covenant between Christian parents and God is as related to the teaching of God's statutes to their children is also clear. Deut. 6-7 states: "You shall teach them diligently to your children, and you shall talk of them when you sit in your house, when you walk by the way, when you lie down, and when you rise up" The Apostle Paul also teaches that parents are to bring up children "in training and admonition of the Lord"<sup>10</sup>

Translated into practical and scientific language in support of the author's position, The Commission on Children at Risk has stated:

. . . a great deal of evidence shows that we are hardwired for close attachments to other people, beginning with our mothers, fathers and extended family, and then moving on to the broader community. Second, a less definitive but still significant body of evidence suggests that we are hardwired for meaning, born with a built-in capacity and drive to search for purpose and reflect on life's ultimate ends.<sup>11</sup>

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<sup>9</sup> Ibid., 6-7.

<sup>10</sup> Ephesians 6:4, OAB.

<sup>11</sup> The Commission on Children at Risk. "Hardwired to Connect; The New Scientific Case for Authoritative Communities, Executive Summary." Institute for American Values, New York 2004.

The study goes on to suggest ten planks in response to the question: “If too many of our children are in the river, and if our current approaches to helping them are insufficient, what is to be done?” Of profound significance to this thesis project are planks eight through ten:

8. “Primary nurturing relationships influence early spiritual development-- call it the spiritualization of attachment-- and spiritual development can influence us biologically in the same ways that primary nurturing relationships do.”

9. “Religiosity and spirituality significantly influence well-being.”

10. “The human brain appears to be organized to ask ultimate questions and seek ultimate answers.”<sup>12</sup>

Implicit in the author’s summary of biblical and scientific evidence for the Christian covenant family as primary prevention is the requirement that parents consistently *model* the behavior they wish their children to emulate. To do otherwise invites disaster. Substance abusing parents produce substance abusing or co-dependent children. In a recent Columbia University study, “No Safe Haven: Children of Substance-Abusing Parents,” stated:

More than most other problems that cause or contribute to child maltreatment—stress, social isolation, financial crises, unemployment, depression—substance abuse can strip a parent of his/her ability to protect and nurture the child. High, drunk, hung-over, anxious, irritable, depressed, preoccupied with the demands of addiction, or physically absent, parents who are addicted have a consuming passion for alcohol and drugs that compete with their passion for their children.<sup>13</sup>

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<sup>12</sup> Ibid. 15

To these statements, the author adds the biblical admonition quoted by Jesus, “Doctor, heal yourself” Luke 4:23.

## SECONDARY PREVENTION: THE FAITH COMMUNITY

Faith and religion play an important role in the healthy development of youth. Research consistently shows that young people actively involved in a religious community tend to have lower rates of drug and alcohol use. Youth leaders and pastors are in an ideal position to influence youth by illustrating the practical power of faith in their daily living. The Faith Community facilitates putting into practice through real and practical methods the adage, “Sorrow looks back. Worry looks around. Faith looks up.” The Office of National Drug Control Policy publication, “Pathways to Prevention; Guiding; Youth to Wise Decisions” contains the statement, “Faith reflects a hope in the future. It is a belief that there is a higher plan for one’s life, a plan worth waiting for, sacrificing for and standing up for. The sustaining power of faith is a safety zone in times of temptation, which for many teens are all too frequent”<sup>14</sup> Readers should consider the potency of such a community over against “The mean streets” mentioned by Kipnis in chapter 2 of this project. People of faith, including teens and young adults, tend to look to biblical teaching and to the support of fellow Christians when grappling with life’s problems. Essentially the Faith Community is a consistent *referent*, communicating clear boundaries and limits in the context of what our faith has to say about humanity and human behavior.

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<sup>13</sup> “No Safe Haven: Children Of Substance Abusing Parents” *The National Center on Addiction and Substance Abuse at Columbia University*, January 1999, 21.

<sup>14</sup> “Pathways To Prevention: Guide Youth to Wise Decisions”, *National Youth Anti-Drug Media Campaign Office of National Drug Control Policy* (Mounds View, MN: Fleishman-Hillard, 2003), III.

Entire congregations can and should be involved in the work of prevention through the following prevention activities:

- **Work prevention messages into sermons and object lessons:** If all believers should put God first in their life, then substance abusing and addicted persons have allowed their addiction to control their lives and to become the *primary relationship*. The *Monster* has been inserted between the person and Christ.
- **Encourage youth to become actively involved in awareness and prevention activities:**
  - Assist with community campaigns for awareness and recovery may include youth as Peer Helpers,
  - Feature art or photographic displays by the youth group, or awareness theater performances in church facilities.
  - Recognize the level of “affectedness,” this issue is potent for Teen Retreat programming.
- **Faith Statements and Policies should reflect a no use message:**

The Minnesota Institute of Public Health suggests that all such prevention programs should communicate the following no use messages:

- Most young people do not use drugs, alcohol, or tobacco.
- Drug use causes pain and trouble for the user and others.
- A drug free lifestyle has clear and positive benefits.

Youth can learn and practice skills that have been shown useful in drug prevention.<sup>15</sup>

The hue and cry in America in the twenty first century has been to mentor the young and dispossessed. This has profound implications for the Faith Community. In “Pathways to Prevention,” five areas of brief intervention by adults are suggested:

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<sup>15</sup> Ibid., x.

**1. Everyday Actions:**

- a) Greet young people when you see them. Ask how they're doing.
- b) Congratulate young people when they accomplish something.
- c) Ask young people for their opinions and perspectives.
- d) Set reasonable boundaries and have high expectations.
- e) Replace put downs with affirmations. Make sure any teasing is supportive, not harsh.

**2. Special Occasions:**

- a) Send cards or e-mail greetings to young people you know to mark holidays, birthdays and other important milestones.
- b) Cheer a child's sports game, concert, play or other performance.
- c) Be a classroom assistant or tutor. Help a teacher prepare materials for class.
- d) Teach young people how to share their money with charities by recruiting adults to match youth contributions.
- e) Throw an after school T (for "terrific") party. Have youth wear their favorite T-shirts. Plan games that start with the letter T. etc.

**3. Commitments:**

- a) Hand down a hobby. Teach a young person a skill such as quilting, carpentry, or gardening.
- b) Invite a child or teenager to join you in doing a certain activity each season, such as creating a "season opener" baseball game, picking strawberries, finding the biggest pumpkin or planting a garden.
- c) Plan a "zip trip" once every two months for a group of youth. Zip over to a fun place such as a nature center, museum or outdoor festival.
- d) Advocate for developing safe places for youth to spend time with friends in the community.

**4. Make Youth More Visible in Your Congregation:**

- a) Highlight the activities and accomplishments of your youth to the whole congregation.
- b) Ask young peoples ideas on making a better place- and publicly recognize their ideas and act on them.
- c) Give youth opportunities to make announcements, serve as ushers and perform other tasks that make them visible in the larger community of faith.

## 5. Drug Prevention Ideas:

You can use free anti-drug resources from the National Youth Anti-Drug Media Campaign ([www.TheAntiDrug.com](http://www.TheAntiDrug.com) and [www.mediacampaign.org](http://www.mediacampaign.org)) in the following ways:

- a) Use articles on drug prevention in newsletters or other communication vehicles. You might also use public service announcements (PSAs), parenting tips, drug facts or resource information.
- b) Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 788-2800 for free prevention materials.
- c) Participate in national or community events to tie your congregation into existing prevention efforts. For example Red Ribbon Week ([www.redribbonworks.org](http://www.redribbonworks.org) or [www.rfp.org](http://www.rfp.org)) is an annual national event designed to celebrate healthy, drug-free lifestyles for youth and is observed in communities across America at the end of every October.<sup>16</sup>

The author has resisted the temptation to edit the above list of activities, but the reader is encouraged to tailor activities and events to the uniqueness of the local congregation. Furthermore, if the research by Josh McDowell is correct, that the behavior of church attending, evangelical Christian kids significantly differs from secular kids, then it follows that this material is of value to every congregation.<sup>17</sup> The author hastens to point out, that based upon all of the research presented in the preceding chapters; the very last response should be to ignore the obvious. There is a *Monster* in our sanctuary. It must be seen, described, called by name, and cast out.

### **TERTIARY PREVENTION: THE SCHOOL-COMMUNITY TEAM**

Consistent with the author's position on family based prevention in the preceding section is a summary of the Standards for Best Practice cited in a

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<sup>16</sup> "Pathways To Prevention: Guide Youth to Wise Decisions," *National Youth Anti-Drug Media Campaign Office of National Drug Control Policy*, (Mounds View, MN: Fleishman-Hillard, 2003), a1-a2.

<sup>17</sup> Josh McDowell, *Beyond Belief to Convictions* (Carol Stream, IL: Tyndale House Publisher, 2002), 5-18.

Monograph entitled “The Maine Approach; Maine’s Guide for Comprehensive School Based ATOD Prevention Programming,” 1995. The Introduction stated:

The long- term success of any effort to address ATOD use, abuse and dependency issues relies on modeling by individuals throughout the school system and community. ...On a personal level, this means being willing to examine and deal with one’s own patterns of use and/or the ways in which one’s life has been affected by another’s ATOD abuse. On an organizational level, this means promoting activities which support behaviors that encourage a healthy lifestyle and a willingness to deal with ATOD dependency as a disease.<sup>18</sup>

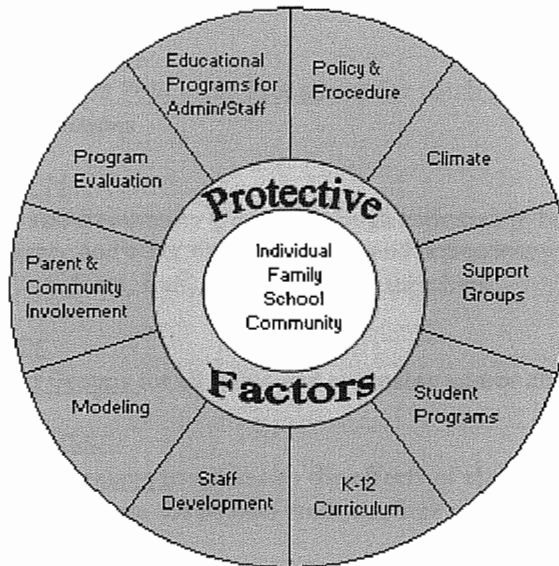
It is beyond the scope of this project to describe School-Community Team functions in detail. Nonetheless, the following graphic depicts the basic structure for an integrated program. Clergy and the community of faith have the potential to be a formidable force shaping the content and process of the School-Community Team approach. The ten elements of “The Maine Approach” are also listed, broadening the perspective related to the how, when, and where of that involvement.

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<sup>18</sup> *The Maine Approach: High Expectations, Care and Support, Opportunities for Involvement, Maine’s Guide for Comprehensive School Based ATOD Prevention Programming*, (Augusta, Me: Maine Office of Substance Abuse, 1995).



High Expectations, Care and Support, Opportunities for Involvement



19

<sup>19</sup> Ibid., 1.

"THE MAINE APPROACH"  
*ELEMENTS*

1. EDUCATION...  
To develop, design, and deliver, **Education and Awareness** programs for school board, administration, faculty/staff and selected community groups.
2. POLICIES & PROCEDURES...  
To develop and implement Policy and Procedures for youth and adults in schools, home and other community institutions.
3. HEALTHY CLIMATE...  
To enhance school and community Climate through activities to break the "no talk" rule about alcohol, tobacco, and other drug use, abuse and dependency by promoting a safe environment for all students, staff, and community members.
4. SUPPORT GROUPS  
To establish Support Groups for all using and non-using and/or affected youth and adults.
5. STUDENT AWARENESS...  
To provide Student Awareness programs on the effects of alcohol, tobacco, and other drug use, abuse and dependency on the lives of students, their peers and their families.
6. PRIMARY PREVENTION CURRICULUM...  
To assist in the implementation of a Kindergarten Through Grade Twelve Comprehensive Alcohol, Tobacco and Other Drug Primary Prevention Curriculum.
7. STAFF DEVELOPMENT...  
To promote Staff Development that provides individuals with an opportunity to acquire the knowledge and skills needed to attain the goal of implementing "THE MAINE APPROACH".
8. MODEL ATTITUDES & BEHAVIORS...  
To promote Modeling and Attitudes that encourage a healthy life style and demonstrate a willingness to deal with alcohol, tobacco and other drug dependency as a disease.
9. PARENTING AND COMMUNITY INVOLVEMENT...  
To encourage Parent and Community Involvement to support the reinforcement of attitudes and behaviors beyond the school setting.
10. Effective Programs Evaluation...  
To ensure ongoing effective Program Evaluation in order to determine that programs are meeting stated outcomes and changing needs.

"ANYTHING WE CAN APPLY INDICATORS TO CAN BE MANAGED; ANYTHING THAT DOES NOT HAVE INDICATORS APPLIED TO IT IS NOT BEING MANAGED- IT IS DRIFTING."

(George S. Odione)

Each faith community can tailor their response in relationship to the “Maine Approach” based upon resources, personnel, and specific areas of interest and expertise.

### **INTERVENTION: INVITING THE HOMECOMING**

The *Prodigal Journey* impacted by harmful involvement with drugs or alcohol may be viewed along a “Time-Line of Critical Incidents.” The author initially developed the time-line intervention concept to assist school administrators, community members, and parents understand how intervention with an ‘at risk’ adolescent takes place along a time line of critical incidents with an ascending order of assessments multi-dimensional support services and behavioral consequences. Interestingly, in the context of further study, motivational enhancement theory, harm reduction concepts, and stage change theory were being developed parallel with the critical incident approach and there is much similarity in the practical application of all of these approaches. However, the recent works of Prochaska and DiClemente and of Miller and Rollnick provide a depth of insight and breadth of therapeutic interventions unknown when the original constructs were developed. The final sections of this Thesis Project will summarize, in simplified form, an integration of these approaches in a practical step-by step guide.

### **The Parent Connection: Knowing the Adolescent and Hearing the Music**

The guiding principle for all levels of intervention is love and concern.

Adolescents are risk takers and there are countless opportunities for them to test their limits. Young people are most likely to get in trouble between the hours of 3:00

p.m. and 6:00 p.m. or during the evening and weekend social activities. Parents who cannot be with their adolescent during these critical times should encourage their involvement in activities which include adult supervision such as Venture Scouting, Church Youth Groups, sports, jobs, clubs or other after school activities.

Clearly healthy adolescent development requires a gradual loosening of the limits and emphasis upon self-efficiency and responsibility.

As freedom is allowed to increase, a system of parental monitoring is essential. Some basic considerations in monitoring are as follows:

1. Before the teenager leaves, make sure that rules of conduct and curfews are understood, and ask;

- Where are you going?
- What are you doing?
- Who are you going with?
- Will alcohol or other drugs be present?
- Will adult supervision be present? (Make contact with supervising adults).
- Have the teenager “check-in” while they’re out.

2. After the adolescent returns;

- Communicate face to face.
- Don’t be excessively intrusive, but be alert for signs of alcohol or drug use.
- Ask about events of their outing.
- Ask about problems with peers or peer pressure encountered.
- Ask how they handled the situation. (Affirm their good decisions and competence).

3. In general;

- Know who the adolescent’s friends are and if possible become acquainted with their parents.
- Be aware of where they socialize.
- Show up early to observe behavior and network with other parents.
- Get a list of the emails and phone numbers of other parents.
- On occasion check to see if teens are where they say they are.
- Teach children (teens) how to refuse alcohol or other drugs.

- Most importantly, be a good role model; what you do speaks more loudly than what you say.
- Always praise and encourage mature and appropriate behavior.

#### 4. Consistency Counts;

- Do not furnish or condone the use of alcohol or other drugs by teenagers.
- Do not allow inappropriate behavior in your home.
- Support a “no use” message. (They don’t have to dance).
- Enforce the rules and limits; responsibility- accountability- consequences.
- Discipline is not negotiable and should be guided by the severity of the offence and whether or not the young person lied. Generally sanctions should not exceed three weeks. Adolescents are very concrete and focused in the present. With longer periods they often lose a sense of why they are being disciplined.

#### 5. The development of open, trusting communication with a teenager is essential. Your ability to provide guidance is enhanced when both parent and teenager feel comfortable talking openly.

- Encourage conversation.
- Ask open-ended questions.
- Control emotions; don’t make a crisis out of an event.
- Make every conversation a positive experience. Be respectful, affirm their strengths, explore the pro’s and con’s of the behavior.

### **Cutting In**

First steps for the parents who expect experimentation with alcohol and other drugs:

1. Keep communication open; often someone who is harmfully involved with drugs or alcohol is unable to recognize it as a problem. Let the adolescent know that alcohol and other drug use is not acceptable and make clear what the consequences are for violating these rules, then follow through.
2. Build alliances and share information: network with parents, school personnel, the faith community, police, and helping professionals. While confidentiality laws prohibit the sharing of some information by some professionals for most it will be a secret that everyone already knows when an adolescent crosses the line from use to harmful dependency.

3. Educate yourself and take positive action:  
Recommend books:
  - a. *Our Children are Alcoholics: Coping With children who Have Addictions*, By Sally and David B.
  - b. *Our Drink: Detoxing the Perfect Family*, By Chris and Toren Volkmann.
  - c. *Choices and Consequences: What To DO When a Teenager Uses Alcohol/Drug*, By Dick Shafer
  - d. Websites: The partnership for a drug free America- [www.drugfree.org](http://www.drugfree.org)  
Parents the Anti-drug – [www.theantidrug.com](http://www.theantidrug.com)
  
4. Get support: Talk with your Pastor, with trusted family members and friends, or a professional counselor to ensure appropriate interventions, boundaries, and limits are being implemented.  
ALANON is a free, anonymous support group for family members and concerned persons.

### **Interrupting the Waltz**

Early intervention is essential.

5. Arrange a professional evaluation for the adolescent with a licensed addiction professional.

Professional help is indicated when:

- There are strained or broken family relationships.
- Substance abuse or other addictions are causing problems; i.e. poor grades, absenteeism, poor health, legal problems.
- When recommended by a Pastor, school administrator or counselor, a police officer or medical practitioner.
- When you've tried and your attempts to alter the adolescent's behavior are not working.

In the following pages information is provided to show the process, purpose, and nature of screening and evaluation and graphic illustrations of how an effective system of services are integrated; moving from least to most intrusive. Generally, professional help is necessary to guide the harmfully involved adolescent and family through the steps necessary to interrupt this "Waltz with the Monster."

The process of formal intervention can begin at any point and with any critical incident. It may begin with parent referral, referral by school personnel, law enforcement or a health care provider. Screening and assessment moves from least to

most intrusive. The purposes of all such interventions are to engage the stage change process described earlier in this project.

The combined efforts of counselors, family members, and concerned persons are focused for the purpose of helping the prodigal adolescent develop motivation to change the self-destructive way of behaving and move to patterns of behavior resulting in self-efficacy and movement away from harmful involvement with alcohol or other drugs.

**Intervention Process for Persons Harmfully Involved with Drugs and Alcohol**

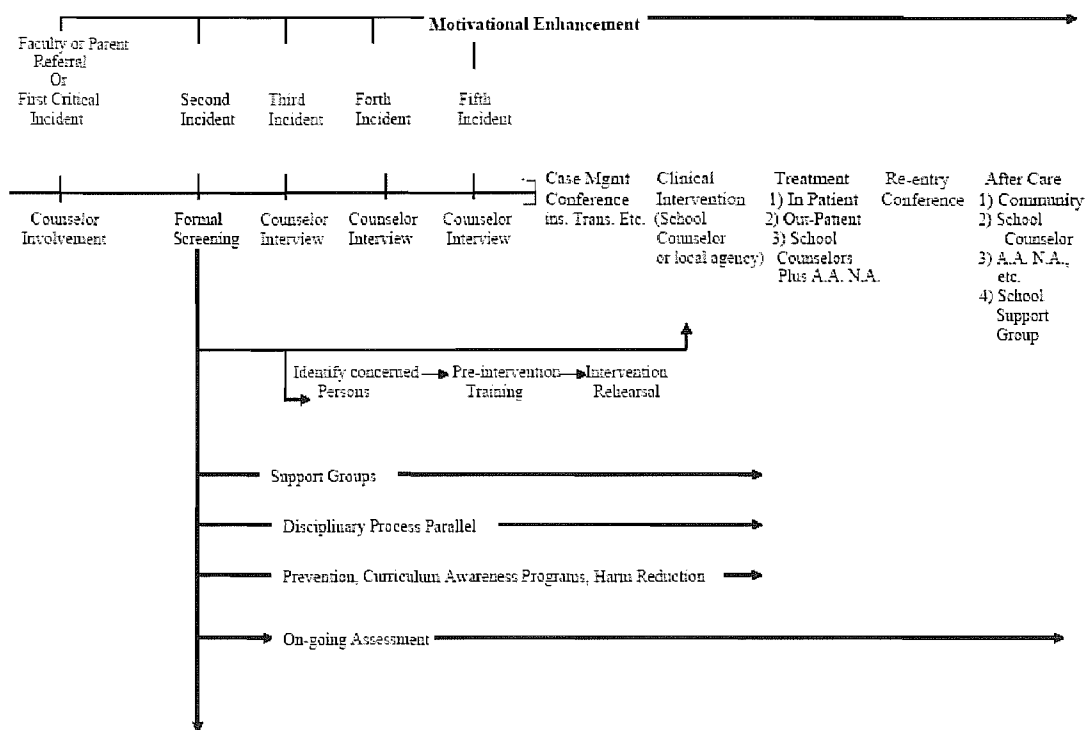


Figure 5-1 Types of Screening / Assessment				
Initial Screening	Risk Assessment	Drug Testing and Urinalyses	Psychological Assessment	Comprehensive Assessment
<b>Purpose</b>				
To determine emergency needs with respect to supervision, medical, and psychological treatment.	To evaluate suicide potential whether youth will be detained, level of custody/ restrictiveness, likelihood of further delinquency or substance use, or degree of compliance with community supervision	To determine the recent use of substances for detection, monitoring, supervision	Refers to both psychological and social/ environmental aspects of a youth's life.	To clarify factors related to onset of problems, describe history and development of problems severity, draw diagnostic/treatment Implications
<b>Domains Probed</b>				
<ul style="list-style-type: none"> <li>• Acute intoxication/ withdrawal and need for detoxification</li> <li>• Suicide risk</li> <li>• Potential for violent behavior</li> <li>• Other immediate medical or psychological needs</li> </ul>	<ul style="list-style-type: none"> <li>• Demographic variables</li> <li>• Offense severity and evidence of substance use</li> <li>• Delinquency history, severity of past offenses, disposition of prior charges, prior violations of supervision, escape/absconding, and past involvement in community diversion programs</li> <li>• Current legal status</li> <li>• Substance use disorder history</li> <li>• Psychological functioning and motivation</li> <li>• Any mitigating or aggravating factors</li> </ul>	<ul style="list-style-type: none"> <li>• Use of alcohol</li> <li>• amphetamines, barbiturates, cocaine, cannabinoids, opiates, PCP, other illicit drugs (e.g., steroids)</li> </ul>	<ul style="list-style-type: none"> <li>• Demographic and personal history information</li> <li>• Substance use disorder history</li> <li>• History of delinquent and aggressive behavior</li> <li>• Medical status</li> <li>• Psychological/emotional status</li> <li>• Family relationships</li> <li>• Peer relationships/social skills</li> <li>• Educational status</li> <li>• Vocational status</li> <li>• Evidence of physical or sexual abuse</li> <li>• Specialized substance use disorder screening</li> <li>• Detailed personal, family, and peer history of involvement in the juvenile or adult justice systems<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Substance use history, diagnosis of dependence and coexisting disorders<sup>2</sup></li> <li>• Delinquent and aggressive behavior</li> <li>• Medical status</li> <li>• Psychological and emotional status</li> <li>• Family relationships</li> <li>• Peer relationships and social skills</li> <li>• Educational status</li> <li>• Vocational status</li> <li>• Physical or sexual abuse</li> <li>• Other markers of disturbed functioning (e.g., fire-setting, cruelty animals).<sup>3</sup></li> </ul>

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The critical incident approach assumes a sensitivity to potential complicating and exacerbating issues in the life of the adolescent. Most “first level” persons attempting to help the struggling young person will not be trained in specialized areas of psychotherapy or diagnostics. However, an awareness of potential underlying issues is essential in the process of referral and guides the intervention/referral process. The above graphic describes various types of screening and assessment and the “domains” impacted. In the substance abusing adolescent all can be cause or result of harmful involvement with mind altering chemicals.

A critical incident is an event in the life of an adolescent by which they have experienced a harmful consequence as the result of the use of alcohol or other drugs.

<sup>21</sup> Screening and Assessing Adolescents for Substance Abuse Disorders, Substance and Mental Health Services Administration (Rockville, MD: 1999) 47.



This may be an event such as apprehension by parent, school official, or law enforcement while using, in possession of, or under the influence of a mood altering substance, or perhaps a much more serious matter. Sadly, it is common to minimize the simple use of alcohol or marijuana as a “right of passage.” However, these are both substances, the possession of which by a minor is a crime. Furthermore, the seeds of serious addiction problems often find fertile soil in the developing adolescent’s experimentation. The level of intervention is dictated by the seriousness of the critical incident. Possession of beer may be a critical incident invoking a response which is different than that for possession of a controlled substance in sufficient quantity to be considered “trafficking.”

The Critical incident approach is based upon the foundational principal that all interventions are *guided by love and concern*. The above graphic is only a paradigm; the timing of various interventions and the number of critical incidents is variable. The graphic assumes that a counselor is involved at each critical incident, and indeed that may be ideal. However, the intervention is by parents, school officials, clergy or a professional counselor, the task is similar, that is to describe in a non-judgmental and non- threatening way the facts of the event and possible consequences. Essentially, the purpose at each juncture is to hold up a mirror to the young person, presenting them with *themselves*. In the conceptualizations of DiClemente the therapeutic purpose of such an intervention is to facilitate movement among the stages of change.<sup>22</sup> Such an intervention early in the experimentation process may well move a young person from the pre-contemplation to contemplation stage that is,

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<sup>22</sup> Carlo DiClemente, *Addiction and Change* (New York: The Guilford Press, 2003), 24-43.

from a point where they do not perceive that the behavior is a problem to a point where they may contemplate the possibility, based upon facts alone, that such behavior may be a problem. Related to interventions and change over time,

DiClemente states:

Change requires dissolution of this established pattern and involves a shake-up or perturbation of the status quo for some period of time until a new pattern can be established that replaces the old. Then, once again, there is a period of stability until change is again needed or wanted.<sup>23</sup>

DiClemente's observation that change occurs over time involving a "shake-up or perturbation of the status quo" is consistent with the author's conceptualization of parallel processes of brief intervention, awareness activities, support groups etc. and even appropriate disciplinary actions all of which have the potential to give impetus to the motivation to change. Such a multi-level systematic approach has the potential to facilitate connectedness with others along the stage change continuum and to reinforce healthy alternatives. Peer support and encouragement in the context of school and church is especially potent in the change process. Once again, love and concern are the guiding principles for this multi-level process. Miller and Rollnick, in their recent work, *Motivational Interviewing: Preparing People for Change*<sup>24</sup> emphasize that generally in decisions that are value loaded conflict and ambivalence always exist. Therefore, each critical incident has resultant ambivalent cognitions, emotions and behaviors which result in the adolescent being poised at a "decisional

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<sup>23</sup> Ibid., 25.

<sup>24</sup> William R. Miller and Stephen Rollnick, *Motivational Interviewing: Preparing People for Change*, (New York: Guilford Press, 2002), 13-19.

balance” point.<sup>25</sup> As a result, Parents, pastors and counselors should view each critical incident as an opportunity to amplify the ambivalence and to invite the young person to a “better way.” The brief intervention conducted factually and non-judgmentally describes the paradox, or as Miller and Rollnick put it, it results in “developing the discrepancy.”<sup>26</sup>

The author believes that adolescents often do more struggling on the inside than is apparent from their outward verbalizations and other behaviors. In the early stages of the process of intervention along the time line of critical incidents, it may be necessary to allow them to “stew.” That is, allow them to internally analyze the cost-benefit balance of their dilemma. Later, (how much later is dictated by the severity of the situation), it will be necessary to be more direct in helping them explore any ambivalence related to a particular incident. Ambivalence at a low risk first critical incident may be considerably different than the ambivalence related to a high risk incident such as an OUI or drug overdose. The task of concerned persons and providers is to help the client “voice the argument for change.”<sup>27</sup> In the language of stage change theory, as a result of these interventions the adolescent moves from pre-contemplation to contemplation or from contemplation to preparation and from preparation to action etc. Once again, each intervention is done with love and concern and with imposition of the least restrictive but fair consequence. Related to parallel concerns about harm reduction, Patt Denning in her book by that title observes:

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<sup>25</sup> Ibid., 15.

<sup>26</sup> Ibid., 22.

<sup>27</sup> Ibid.

....It is essential that treatment do no more harm to the person than the drug use. For example, evicting a person for having drugs on the premises may result in criminal incarceration and/or homelessness that is perhaps much more devastating than drug use.... Hasty diagnosis and unrealistic treatment planning often result in harm being done by the therapist.<sup>28</sup>

This statement which addresses professional treatment considerations should also be heeded by well meaning parents, clergy and others in the faith community. It is sadly far too common that Christian families and Churches become quick to condemn based upon a correct observation that the behavior is inconsistent with biblical statutes and church policy without making equally significant efforts to assist by every means the healing and redemption process. The complex, “cunning, baffling and powerful” nature of the addiction process, the possible overlay of a co-occurring disorder, and the fragility of the developing adolescent require a prayerful, collaborative, and thoughtful intervention process. Initially, the critical incident intervention may be facilitated by a pastor or trained lay leader; later professional therapists may be required. Thus, the parallel system of referrals to support groups, community providers, pastors and activity leaders potentially offers a support network that amplifies the young person’s internal argument for change. The critical incident approach provides a way of seeing, that facilitates planning as the critical incidents and interventions shape the process. Conversely, a reactive-punitive approach that is not systematic may send the young prodigal back to the crack house where the *waltz with the monster* intensifies.

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<sup>28</sup> Patt Denning, *Practicing Harm Reduction Psychotherapy* (New York: The Guilford Press, 2000), 6-7.

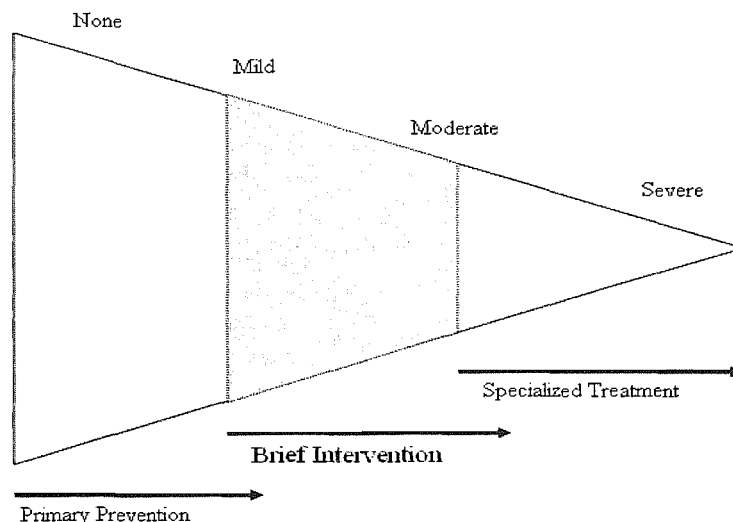
Sometimes a caring and thoughtful “cutting-in” by a loving parent or other person revered by the adolescent is enough to turn a prodigal son, (or daughter,) into a disciple. At other times, intervention with a substance dependent adolescent whose neurochemical pathways and pleasure centers in the brain have been hijacked by the chemicals, formal Clinical Intervention by concerned persons, facilitated by a professional is indicated. The critical incident time line guides the ascending order of interventions, support services and consequences.

Recently a program named “Teen- Intervene,” also based upon DiClemente’s Stages of Change was developed by Ken C. Winters Ph.D. at Hazelden which, consistent with the Critical Incident Theory, outlines an ascending order of interventions with substance abusing adolescents related to the severity of the drug problem. Below is a graphic from that monograph which describes the “Continuum of Response:” Following that graphic are the widely accepted criteria for assessing substance abuse and substance dependence according to constructs of the American Psychiatric Association DSM IV and The World Health Organization ICD-IO.

### Continuum of Care Model

Adapted from Institute of Medicine, Broadening the base of treatment for alcohol problems.

### Severity Of Drug Problems



### Continuum of Response

TABLE 4-2. CRITERIA FOR DEPENDENCE, DSM-IV AND ICD-10

Items for Dependence, DSM-IV	Items for Dependence, ICD-10
<i>Three or more</i>	<i>Three or more</i>
(1) Tolerance	(IV) Tolerance
(2) Withdrawal	(III) Withdrawal
(3) Substance often taken in larger amounts or over longer period than was intended	(II) Difficulties controlling substance taking behavior in terms of onset, termination, and level of use
(4) Any successful efforts or a persistent desire to cut down or control substance use	[No corresponding ICD category]
(5) Great deal of time spent in activities to obtain substance or recover from effect	(V) Part one—increase amount of time to obtain or take the substance or recover from its effects
(6) Important social, occupational or recreational activities reduced or given up because of substance use	(V) Part two—progressive neglect of alternative pleasures and interests
(7) Continued substance use despite knowledge of having had persistent physical or psychological problems caused or exacerbated by substance use	(VI) Persisting with substance use despite evidence of overly harmful problem consequences
[No corresponding DSM category]	(I) A strong desire or sense of compulsion to take the substance

Source: Woody and Cacciola (1997, p. 362).

TABLE 4-3. CRITERIA FOR ABUSE AND HARMFUL USE, DSM-IV AND ICD-10

DSM-IV	ICD-10
<p><i>Abuse</i></p> <p>One or more of the following occurring over the same 12-month period:</p> <p>(1) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home</p> <p>(2) Recurrent substance use in situations in which it is physically hazardous</p> <p>(3) Recurrent substance-related legal problems</p> <p>(4) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance</p> <p>Never met criteria for dependence</p>	<p><i>Harmful Use</i></p> <p>Clear evidence that the substance use was responsible for (or substantially contributed to) physical or psychological harm, including impaired judgment or dysfunctional behavior</p>

SOURCE: Woody and Cacciola (1997, p. 362).

The author's practice with the adolescent population has included "kinder-gentler" interventions such as motivational enhancement and harm reduction approaches with adolescents in the experimentation and harmful involvement phases of substance abuse. As substance dependence becomes more apparent, however, the author's answer to the age-old question of "How do you get an addict into recovery" is *anyway you can!* Seizing a young person from the clutches of the *Monster* in the later stages of the addiction process is no easy task. Craving states are commonly more powerful than rational thought processes. Indeed, the increasing numbers of young people addicted to opiates, cocaine, and amphetamines underscores the necessity of a continuum of interventions that interrupt the addiction spiral at many junctures and by a variety of methodologies.

Moving to a more intensive and directive modality does not negate the efficacy of motivational approaches or harm reduction concerns and strategies. However, it sometimes becomes necessary to use extreme measures to halt the *waltz with the monster*. Dick Schaefer in his 1998 book Choices and Consequences<sup>29</sup> describes the addiction process as having four levels. In describing the addiction process in adolescence Schaeffer outlines the following parallel processes:

<b>The Addiction Process</b>	←-----→	<b>The Feeling Disease</b>
Level 1: Use	←-----→	Phase I: Learns Mood Swing
Level 2: Misuse	←-----→	Phase II: Seeks Mood Swing
Level 3: Abuse	←-----→	Phase III: Harmfully Involved
Level 4: Addiction	←-----→	Phase IV: Harmfully Dependent

Consistent with the author's clinical experience Schaeffer describes Level 4 use as follows:

- Can no longer exercise control over his or her alcohol/drug use. Can no longer predict how much he or she will use or what the outcome will be.
- More rituals; rituals become more rigid. Examples: uses in the morning before school or work, during lunch hour and school breaks.
- Binge use- may remain intoxicated or high throughout the day for two or more days.
- Exhibits grandiose and aggressive behavior. More defiant in school. More risk taking with police. Physically violent with family members and friends.

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<sup>29</sup> Dick Schaeffer, *Choices and Consequences* (Minneapolis: Johnson Institute Books, 1998), 34.



- Obsessed with alcohol/drugs and the need to keep a constant supply on hand. Never uses all of the supply with friends. Stocks up on liquor for Sundays; spends a lot of time getting drugs; when dealing, “shorts” customers and keeps part for self.
- Becomes more careless about hiding drugs and paraphernalia. Isn’t aware of self as high, so memory and judgment are impaired. Uses more recklessly; leaves pipes and drugs in bedroom without hiding them.
- Solitary use increases in amount and frequency.
- Abandons self-imposed rules. Because of the obsession and compulsion to use, life becomes alcohol/drug centered. The “love affair” is all encompassing. Everything else becomes secondary to using.
- Makes repeated efforts to control or reduce excessive use.<sup>30</sup>

After attempts to employ rational and motivational enhancing approaches to move the young person among the stages of change have been exhausted and in the face of increasing harmful consequences, formal Clinical Intervention and treatment may be necessary. Clinical Intervention pioneered by Vernon Johnson<sup>31</sup> has valuable application as a method to interrupt the *waltz with the monster* when other methods have failed. Clinical Intervention epitomizes the metaphorical “cutting-in.” Schaeffer states the following with relationship to Clinical Intervention with the adolescent:

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<sup>30</sup> Ibid., 41-42.

<sup>31</sup> Vernon E. Johnson, *Intervention: How to Help Someone Who Doesn’t Want Help* (Minneapolis: Johnson Institute Books, 1986), 3-111.

But intervention isn't just for the level 4 teenager who is harmfully dependent on chemicals. It isn't just for the individual who has "hit bottom" and been expelled from school, kicked out of the house, arrested and jailed, or hospitalized after a suicide attempt. Intervention can "raise the bottom" for any teenager at any stage of the addiction process. In other words, *you don't have to wait until it seems too late*"

For Schaeffer, successful intervention consists of three stages: disengagement, confrontation, and reintegration.

- Disengagement is the stage where you prepare for intervention.
- Confrontation is the stage in which you do the intervention.
- Reintegration is the stage in which you *follow up* intervention by helping the teenager to live without chemicals.<sup>32</sup>

The author acknowledges that Clinical Intervention is for some controversial, as it brings together all of those who love, care for, and have influence over the person caught in the addiction spiral, usually *without their knowledge*. Professionally led, and guided by love and concern, this "concerned persons group" shares their factual knowledge about the person's substance abuse, is educated about addiction, trained for the process of intervention, holds a formal rehearsal for the process of intervention, and finally confronts the addicted person with the facts of their problem, asking them to enter treatment. In extreme situations, when the addicted person is resistant, each person in the concerned persons group has a "bottom line" expressing the consequences for the addicted person if he or she refuses treatment. Prior to the actual intervention a case management conference is conducted to finalize treatment

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<sup>32</sup> Ibid.

provider selection, insurance and co-payment matters, transportation arrangements and re-entry concerns, (school, work, family etc.)

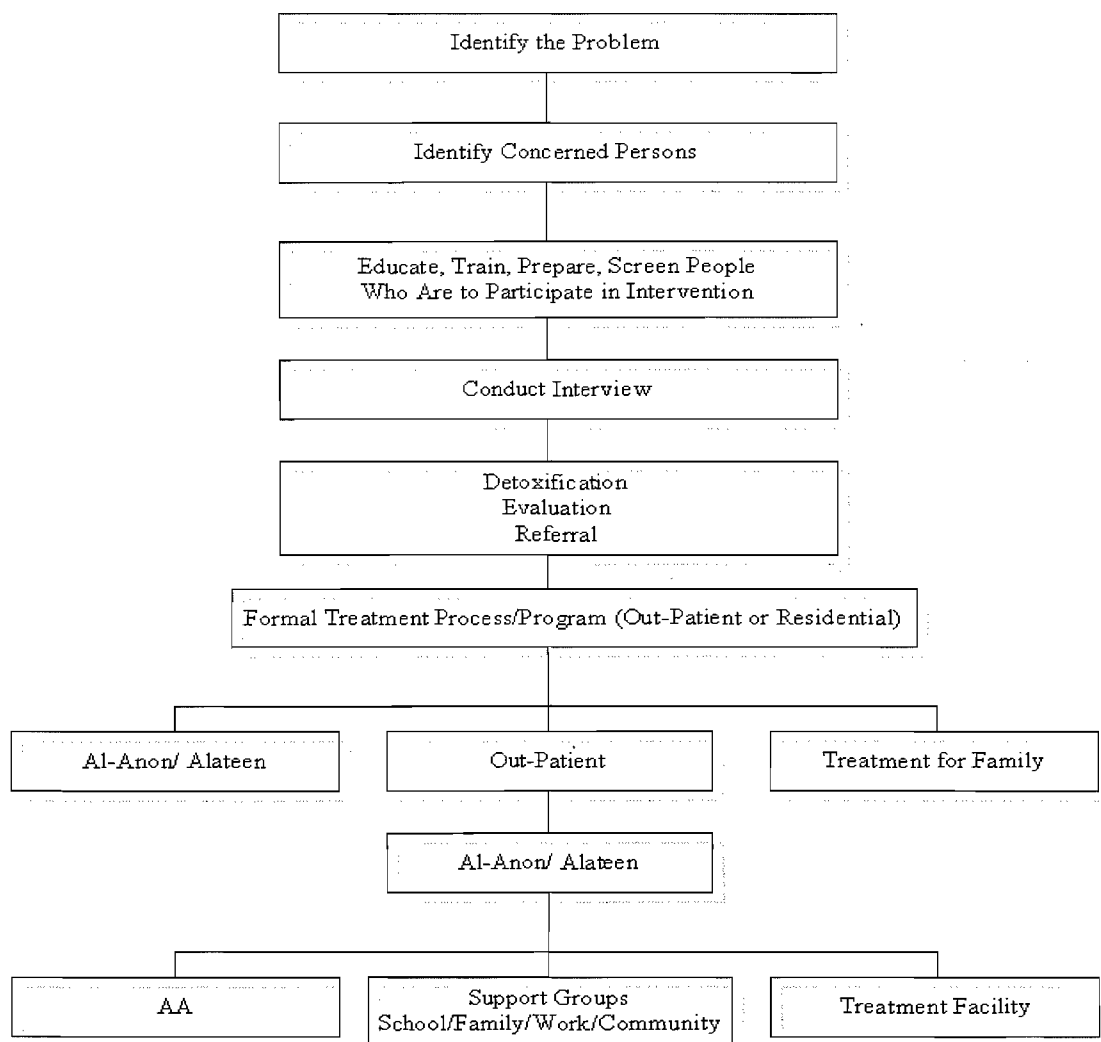
Critics point out that the person with whom the intervention is conducted may react to being thus confronted and, in indignation, return to using. The author acknowledges the validity of that concern but observes that had the person not been involved in a life threatening pattern of use the intervention would not have been conducted in the first place. At worst they may simply return to *where they were* in their use pattern before the intervention.

The author has conducted approximately 100 interventions, most with adolescents, from which only three persons have refused to go directly to treatment. Admittedly, some leave treatment against medical advice while others later relapse and resume their use. In the author's practice, none have ended in death or disaster as a direct result of Clinical Intervention. Important to note is that many who leave treatment or relapse after being in there, resume recovery at a later time. Through the process of motivational enhancing interventions at critical incidents, parallel efforts to provide support services and to reduce harm, Clinical Intervention, and finally appropriate treatment, (whether completed or not,) the "Prodigal" is given a map to the *road home*, useful at whatever time they choose to move from contemplation to action. According to Scripture, the *Spiritual Awakening* (or moment of clarity) for the prodigal son occurred "When he began to be in need." Describing the same experience, recovering persons use the phrase "when I became sick and tired, of being *sick* and *tired*." Interventions along a time line of critical incidents well

executed, always manifest grace and healing pointing to the potential for reconciliation at The Father's House.

Equally significant, with respect to the Clinical Intervention process, is that the concerned persons gain information essential to proceed in their own recovery and to help the addicted person at whatever time the opportunity should arise. For the author Clinical Intervention *doesn't always work, but it never fails*. That systematic process usually results in at least some individuals in the concerned person's group moving to a healthier life style free of substance abuse, co-dependency, and compulsive enabling. With a final admonition that a trained professional should facilitate Clinical Intervention the following graphic depicts the process in detail:

### Intervention As Part of the Total Program



\*Note: This handout and the educational experience provided with it are designed to acquaint school and community persons with the intervention process. It is important that trained professional be consulted and utilized in the planning and implementation of intervention sessions.

Developed by: Carl Mowatt, Director  
 Division of Alcohol and Drug Education Services  
 Maine Department of Educational and Cultural Services  
 February 1982

As a result of on-going assessment and motivational enhancement techniques at critical incidents, the influence of a support group, the pain of the disciplinary process or of formal Clinical Intervention the adolescent harmfully involved with or

dependent upon mind altering chemicals is moved to *action* that may results in healing and reconciliation with self and others.

The following graphic depicts the treatment continuum least to most intensive:

**Figure 2-3  
Client Assessment Criteria**

Type of Treatment	Use Pattern	Medical Concerns	Intrapersonal	Interpersonal	Environmental
Primary prevention	<ul style="list-style-type: none"> <li>■ No history of use</li> <li>■ No current use</li> </ul>	<ul style="list-style-type: none"> <li>■ Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>■ Developmentally appropriate</li> <li>■ Effective coping skills</li> <li>■ Moderate-to-high emotional/cognitive functioning</li> </ul>	<ul style="list-style-type: none"> <li>■ Demonstrates developmentally appropriate, prosocial interpersonal behavior</li> <li>■ Maintains responsible relationships with significant others</li> </ul>	<ul style="list-style-type: none"> <li>■ May have no significant impact</li> </ul>
Anticipatory guidance and support	<ul style="list-style-type: none"> <li>■ Positive history of use</li> <li>■ No current use</li> </ul>	<ul style="list-style-type: none"> <li>■ No applicable</li> </ul>	<ul style="list-style-type: none"> <li>■ Less effective coping skills, but competent emotional and cognitive functioning</li> </ul>	<ul style="list-style-type: none"> <li>■ Demonstrates developmentally appropriate prosocial interpersonal behavior</li> <li>■ Maintains responsible relationships with significant others</li> <li>■ History of substance use and/or other risk-related behaviors that increase the potential for developing a psychoactive substance use disorder (PSUD)</li> <li>■ Able to function in a nonstructured setting</li> </ul>	<ul style="list-style-type: none"> <li>■ One or more environmental/contextual factors that increase personal vulnerability (family history of substance use disorders)</li> </ul>
Brief office intervention	<ul style="list-style-type: none"> <li>■ Problem resulting from use</li> <li>■ Low-to-moderate current use</li> </ul>	<ul style="list-style-type: none"> <li>■ No anticipated withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>■ High-risk peer group</li> <li>■ Still able to function in nonstructured setting</li> </ul>	<ul style="list-style-type: none"> <li>■ Maintains responsible relationships with significant others</li> </ul>	<ul style="list-style-type: none"> <li>■ One or more environmental risk factors</li> </ul>

**Figure 2-3 (continued)  
Client Assessment Criteria**

Type of Treatment	Use Pattern	Medical Concerns	Intrapersonal	Interpersonal	Environmental
Outpatient treatment	<ul style="list-style-type: none"> <li>■ Problem(s) resulting from use or low-to-moderate current use</li> </ul>	<ul style="list-style-type: none"> <li>■ Low-to-moderate use without anticipated withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>■ Less effective coping skills</li> <li>■ Less competent emotional/cognitive functioning</li> <li>■ Still able to function in a nonstructured setting</li> </ul>	<ul style="list-style-type: none"> <li>■ Identified deficiencies in relationships with significant others and history of substance use and/or other risk-related behaviors that increase the potential for developing a PSUD</li> <li>■ Able to function in a nonstructured setting</li> </ul>	<ul style="list-style-type: none"> <li>■ Environmental/contextual factors affect the individual but do not warrant removal from current living situation</li> <li>■ Needs to be supported by minimal treatment</li> </ul>
Intensive outpatient treatment	<ul style="list-style-type: none"> <li>■ Problem(s) resulting from use</li> <li>■ Moderate-to-heavy recent use</li> </ul>	<ul style="list-style-type: none"> <li>■ Subacute toxicity</li> <li>■ Social support for detoxification</li> <li>■ Compliance regimen</li> </ul>	<ul style="list-style-type: none"> <li>■ Ineffective but functional coping skills</li> <li>■ Less competent emotional/cognitive functioning</li> <li>■ Requires marginally structured setting</li> </ul>	<ul style="list-style-type: none"> <li>■ Identified deficiencies in relationships with significant others and history of substance use and/or other risk-related behaviors that increase the potential for developing a PSUD</li> <li>■ Requires marginally structured setting</li> </ul>	<ul style="list-style-type: none"> <li>■ Environmental/contextual factors impact the individual but do not warrant removal from current living situation</li> <li>■ Needs to be supported by moderate treatment</li> </ul>
Day treatment/partial hospitalization	<ul style="list-style-type: none"> <li>■ Problem(s) resulting from use</li> <li>■ Moderate-to-heavy recent use</li> </ul>	<ul style="list-style-type: none"> <li>■ Premonitory/sub-acute toxicity</li> <li>■ Compliant with detoxification regimen</li> </ul>	<ul style="list-style-type: none"> <li>■ Ineffective but functional coping skills</li> <li>■ Less competent emotional/cognitive functioning</li> <li>■ Requires moderately structured setting</li> </ul>	<ul style="list-style-type: none"> <li>■ Identified deficiencies in relationships with significant others and history of substance use or other behaviors that place individuals at risk for developing PSUD</li> <li>■ Requires moderately structured setting</li> </ul>	<ul style="list-style-type: none"> <li>■ Environmental/contextual factors impact the individual but do not warrant removal from current living situation</li> <li>■ Needs to be supported by intensive treatment</li> </ul>

Figure 2-3 (continued) Client Assessment Criteria					
Type of Treatment	Use Pattern	Medical Concerns	Intrapersonal	Interpersonal	Environmental
Medically monitored intensive inpatient	<ul style="list-style-type: none"> <li>■ Problem(s) resulting from use</li> <li>■ Moderate-to-heavy recent use</li> </ul>	<ul style="list-style-type: none"> <li>■ Premorbid substance toxicity requiring 24-hour medical monitoring</li> <li>■ Other medical concerns that cannot be handled with outpatient treatment</li> </ul>	<ul style="list-style-type: none"> <li>■ Dysfunctional coping skills</li> <li>■ Emotional/cognitive/psychiatric impairment requiring 24-hour structured setting</li> </ul>	<ul style="list-style-type: none"> <li>■ Dysfunctional relationships and behaviors that <i>do not pose</i> an immediate threat to self and/or others but that require 24-hour structured care</li> </ul>	<ul style="list-style-type: none"> <li>■ Environmental/contextual factors dictate individual must be removed from adverse influences of the current living situation</li> </ul>
Medically managed intensive inpatient	<ul style="list-style-type: none"> <li>■ Problem(s) resulting from use</li> <li>■ Moderate-to-heavy recent use</li> </ul>	<ul style="list-style-type: none"> <li>■ Morbid, acute toxicity (overdose) that may require life support</li> <li>■ All medically complicating conditions, including those requiring life support/intensive care</li> </ul>	<ul style="list-style-type: none"> <li>■ Dysfunctional coping skills</li> <li>■ Emotional/cognitive/psychiatric impairment requiring 24-hour structured care and continuous psychiatric monitoring</li> </ul>	<ul style="list-style-type: none"> <li>■ Dysfunctional relationships and behaviors that <i>may pose</i> an immediate threat to self and/or others and that require 24-hour structured care and psychiatric management</li> </ul>	<ul style="list-style-type: none"> <li>■ Environmental/contextual factors dictate individual must be removed from adverse influences of the current living situation</li> </ul>

Figure 2-3 (continued) Client Assessment Criteria					
Type of Treatment	Use Pattern	Medical Concerns	Intrapersonal	Interpersonal	Environmental
Intensive residential treatment	<ul style="list-style-type: none"> <li>■ Problems resulting from use</li> <li>■ No recent moderate-to-heavy use</li> </ul>	<ul style="list-style-type: none"> <li>■ No detoxification required</li> <li>■ Medical conditions that cannot be handled with outpatient medical management and/or which do not require life support/intensive treatment services</li> </ul>	<ul style="list-style-type: none"> <li>■ Dysfunctional coping skills</li> <li>■ Emotional/cognitive/psychiatric impairment</li> <li>■ Requires long-term residential treatment, including psychiatric and activities of daily living (ADL) services</li> </ul>	<ul style="list-style-type: none"> <li>■ Dysfunctional relationships and behaviors that <i>do not pose</i> an immediate threat to self and/or others but which require 24-hour structured care, including ADL services and possibly psychiatric services</li> <li>■ Behavior manageable within a structured setting</li> </ul>	<ul style="list-style-type: none"> <li>■ Environmental/contextual factors dictate individual must be removed from adverse influences of the current living situation</li> </ul>
Residential psychosocial care	<ul style="list-style-type: none"> <li>■ Problems resulting from use</li> <li>■ No recent moderate-to-heavy use</li> </ul>	<ul style="list-style-type: none"> <li>■ Detoxification services not required</li> <li>■ No special medical services required on site</li> </ul>	<ul style="list-style-type: none"> <li>■ Dysfunctional coping skills</li> <li>■ Emotional/cognitive/psychiatric impairment</li> <li>■ Requires supervision in structured setting, ADL, and other psychosocial rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>■ Dysfunctional relationships and behaviors that <i>do not pose</i> an immediate threat to self and/or others but which require behavior management within a structured setting which provides supervision, ADL, and other psychosocial rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>■ Environmental/contextual factors dictate individual must be removed from adverse influences of current living situation</li> </ul>
Hallway house	<ul style="list-style-type: none"> <li>■ Problems resulting from use</li> <li>■ No recent moderate-to-heavy use</li> </ul>	<ul style="list-style-type: none"> <li>■ Detoxification services not required</li> <li>■ No special medical services required on site</li> </ul>	<ul style="list-style-type: none"> <li>■ Adequate coping skills</li> <li>■ Has moderate-to-high level of emotional/cognitive functioning but requires some supervision</li> </ul>	<ul style="list-style-type: none"> <li>■ Ability to establish prosocial relationships that support recovery</li> <li>■ Able to self-regulate behavior with minimal structure/supervision</li> </ul>	<ul style="list-style-type: none"> <li>■ Environmental/contextual factors dictate individual must be removed from current living situation, or other adverse circumstances</li> </ul>

Figure 2-3 (continued) Client Assessment Criteria					
Type of Treatment	Use Pattern	Medical Concerns	Intrapersonal	Interpersonal	Environmental
Group home/group living	<ul style="list-style-type: none"> <li>■ Problems resulting from use</li> <li>■ No recent moderate-to-heavy use</li> </ul>	<ul style="list-style-type: none"> <li>■ Detoxification services not required</li> <li>■ No special medical services required on site</li> </ul>	<ul style="list-style-type: none"> <li>■ Adequate coping skills</li> <li>■ Has moderate-to-high level of emotional/cognitive functioning</li> <li>■ Able to live independently</li> </ul>	<ul style="list-style-type: none"> <li>■ Ability to establish prosocial relationships that support recovery</li> <li>■ Self-regulates behavior consistent with standards of responsible group living without supervision</li> </ul>	<ul style="list-style-type: none"> <li>■ Environmental/contextual factors dictate individual must be removed from current living situation, or other adverse circumstances</li> </ul>

In the context of this thesis project the faith community can play a significant role at every critical incident and transition point.

The recovering community commonly admonishes new members to avoid *slippery* “people, places and things,” those who may cause them to *slip* back into old attitudes, behaviors, and patterns. Guided by love and concern and with a gentle demeanor, the church family can provide or show the way to healthier options perhaps heretofore never considered by the young person on the *road home*. New *music* for the *Waltz* and new partners are essential if the *Monster* is to be kept at bay. Impetus must be for Christ to become the maestro, and the Holy Spirit the lead. New and natural ways to experience euphoria must be learned. A robe and a place at the table must be made ready: “For he was lost and is now found, was dead and is now alive again.”<sup>33</sup>

### WORKING AS A TEAM

The role of the church and the role of the various recovery programs are generally complimentary. This is especially true of Twelve Step programs. Sadly, many clergy and lay persons eschew programs such as Alcoholics Anonymous, Narcotics Anonymous, ALANON and ALATEEN because, in practice, they are often quite loose with their language about God, “as we understand Him,” or “Higher Power.” However, the “Twelve Step” programs all have their early roots in Christianity and remain a potent process for working the Prodigal’s return.

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<sup>33</sup> Luke 15:24, OAB.



The Twelve Step process originated with The Oxford Group, an evangelistic Christian movement that began in the 1920's under the leadership of Frank Buchman, an extraordinary Lutheran minister twice nominated for the Nobel Peace Prize who eventually became world-renowned for his work in promoting peace and reconciliation. Buchman espoused a global vision of "world changing through life changing." Buchman's tools for effecting changes in people included the "guidance of God" and standards of:

- Honesty
- Purity
- Unselfishness.
- Love<sup>34</sup>

These principles and their small group application were the foundation for what later became the "Twelve Steps" and the self-help movements which have facilitated recovery and reconciliation for millions of people with problems of addiction. The relationship between the purpose of the Twelve Step programs and the purpose of the Christian faith community becomes clear upon observation:

### **Biblical References for the 12 Step Program**

**Note: all quotes are from the Oxford Annotated Bible.**

**Step One: We admitted we were powerless over our addictions and dysfunctions and that our lives had become unmanageable.**

- For I know that nothing good dwells within me, that is, in my flesh. I can will what is right, but I cannot do it. For I do not do the good I want, but the evil I

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<sup>34</sup> Willard Hunter and M.D.B., "A.A.'s Roots in the Oxford Group", Maine Office of Substance Abuse (August 1988): 1-8.

do not want is what I do. Now if I do what I do not want, it is no longer I that do it, but sin that dwells within me.—Romans 7:18-20

**Step Two: Came to believe that a Power greater than ourselves could restore us to sanity.**

- Jesus said to him, “If you are able – All things can be done for the one who believes.” Immediately the father of the child cried out, “I believe; help my unbelief!”—Mark 9:23-24

**Step Three: Made a decision to turn our will and our lives over to the care of God as we understood Him.**

- A Psalm of David  
The Lord is my shepherd, I shall not want.  
He makes me lie down in green pastures;  
He leads me beside still waters;  
He restores my soul.  
He leads me in right paths for his name's sake.  
Even though I walk through the darkest valley,  
I fear no evil; for you are with me;  
Your rod and your staff— they comfort me.  
You prepared a table before me  
In the presence of my enemies;  
You anoint my head with oil; my cup overflows.  
Surely goodness and mercy shall follow me all the days of my life.  
And I shall dwell in the house of the Lord my whole life long.—Psalm 23

**Step Four: Made a searching and fearless moral inventory of ourselves.**

- All one's ways may be pure in one's own eyes, but the Lord weighs the spirit. Commit your work to the Lord, and your plans will be established.—Proverbs 16:2-3

**Step Five: Admitted to God, to ourselves, and another human being the exact nature of our wrongs.**

- Therefore confess your sins to one another, and pray for one another, so that you may be healed. The prayer of the righteous is powerful and effective.—James 5:16

**Step Six: Were entirely ready to have God remove all these defects of character.**

- Therefore prepare your minds for action; discipline yourselves; set all your hope on the grace that Jesus Christ will bring you when he is revealed. Like

obedient children, do not be conformed to the desires that you formerly had in ignorance. Instead, as he who called you is holy, be holy yourselves in all your conduct; for it is written, “You shall be holy, for I am holy.”—1 Peter 1:13-16

**Step Seven: Humbly asked Him to remove our shortcomings.**

- I sought the Lord, and he answered me, and delivered me from all my fears. Look to him, and be radiant; so your faces shall never be ashamed. This poor soul cried, and was heard by the Lord, and was saved from every trouble.—Psalm 34:4-6

**Step Eight: Made a list of all persons we had harmed, and became willing to make amends to them all.**

- If I speak in the tongues of mortals and of angels, but do not have love, I am a noisy gong or a clanging cymbal. And if I have prophetic powers, and understand all mysteries and all knowledge, and if I have all faith, so as to remove mountains, but do not have love, I am nothing. If I give all away all my possessions, and if I hand over my body so that I may boast, I gain nothing.

Love is patient; love is kind; love is not envious or boastful or arrogant or rude. It does not insist in its own way; it is not irritable or resentful; it does not rejoice in wrongdoing, but rejoices in the truth. It bears all things, believes all things, hopes all things, endures all things.

Love never ends. But as for prophecies, they will come to an end; as for tongues, they will cease; as for knowledge, it will come to an end. For we know only in part; but when the complete comes, the partial will come to an end. When I was a child, I spoke as a child, I thought like a child, I reasoned like a child; when I became an adult, put an end to childish ways. For now we see in a mirror, dimly, but then we will see face to face. Now I know only in part; then I will know fully, even as I have been fully known. And now faith, hope, and love abide, these three; and the greatest of these is love.—1 Corinthians 13

**Step Nine: Made direct amends to such people wherever possible, except when to do so would injure them or others.**

- So when you are offering your gift at the altar, if you remember that your brother or sister has something against you, leave your gift there before the altar and go; first be reconciled to your brother or sister, and then come and offer your gift.—Matthew 5:23-24

**Step Ten: Continued to make personal inventory and when we were wrong promptly admitted it.**

- For by the grace given to me I day to everyone among you not to think of yourself more highly than you ought to think, but to think with sober judgment, each according to the measure of faith that God has assigned.—Romans 12:3

**Step Eleven: Sought through prayer and meditation to improve our conscious contact with God as we understood him praying only for knowledge of His will for us and the power to carry that out.**

- Rejoice in the Lord always; again I will say, Rejoice. Let your gentleness be known to everyone. The Lord is near. Do not worry about anything, but in everything be prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all understanding will guard your hearts and your minds in Christ Jesus.—Philippians 4: 5-7

**Step Twelve: Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, and to practice these principles in all our affairs.**

- In the same way, let your light shine before others, so that they may see your good works and glory to your Father in heaven.—Matthew 5:16<sup>35</sup>

The Christian church *can* continue to shape the process from beginning to end, from introducing God in Christ as *The God* to be understood through the powerful and potent twelve step process of reconciliation, to the final step of evangelism, (carrying this message to others.) This process complimentary at its beginning is complimentary today.

### THE ADOLESCENT AND THE TWELVE STEPS

It is author's experience that young persons do not respond well to formal "step work" except in residential settings, and then with limited carryover. However, the Twelve Steps are an invaluable guide against which to view the adolescent's recovery

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<sup>35</sup> Biblical References for the 12 Steps, Human Services 125 Course Pack, (Fall 2005): 32-34.

progress. To that end, while it is often counter productive to overtly point out such things as the adolescent's apparent "powerlessness," the Pastor, Counselor or other helping person can, with love, patience, and skill, help them see it for themselves. Thus the framework for the journey through recovery is the same even though the Twelve Steps may never be cited or discussed in a programmatic way. Throughout the recovery process more recently formulated interventions such critical incident discussions, motivational enhancement techniques, and harm reduction activities are used to facilitate the adolescent's movement among the "stages of change." These stage changes are consistent with progress through The 12 Steps. All of these processes are fluid and dynamic rather than linear. In all guiding purpose is related to the adolescent's success in developing healthy self-efficiency.

## CONCLUSION

It has been the purpose of this thesis project to provide foundational data in support of what has become in this final chapter a brief practical guide for intervention with the substance abusing adolescent. Detailed descriptions of various formal treatment modalities and their effectiveness are beyond the scope of this project. To some extent, this project and its proposed interventions "stand in the breach" emphasizing prevention, but describing an ascending order of procedures for intervention should prevention fail. Additionally, this thesis project acknowledges the value of involvement by parents, friends, and peers, as well as clergy and professional counselors at various levels in the process. It is common that this problem described by the author's metaphor "Waltzing with the Monster" is considered beyond the

training and ability of most local clergy and lay persons. However, the seriousness of the situation demands a response. To that end, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration has published a Monograph entitled “Core Competencies for Clergy and Other Pastoral Ministers In Addressing Alcohol and Drug Dependence and The Impact On Family Members.” It is available in its entirety at [www.samhsa.gov](http://www.samhsa.gov). The Twelve Core Competencies are as follows:

**Core Competencies for Clergy and Other Pastoral Ministries  
In Addressing Alcohol and Drug Dependence and the Impact on Family  
Members**

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These competencies are presented as a specific guide to the core knowledge, attitude, and skills essential to the ability of clergy and pastoral ministers to meet the needs of persons with alcohol or drug dependence and their family members.

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1. Be aware of the:
  - Generally accepted definition of alcohol and drug dependence
  - Societal stigma attached to alcohol and drug dependence
  
2. Be knowledgeable about the:
  - Signs of alcohol and drug dependence
  - Characteristics of withdrawal
  - Effects on the individual and the family
  - Characteristics of the stages of recovery
  
3. Be aware that possible indicators of the disease may include, among others: marital conflict, family violence (physical, emotional, and verbal), suicide, hospitalization, or encounters with the criminal justice system.
  
4. Understand that addiction erodes and blocks religious and spiritual development; and be able to effectively communicate the importance of spirituality and the practice of religion in recovery, using the scripture, traditions, and rituals, of the faith community.
  
5. Be aware of the potential benefits of early intervention to the:
  - Addicted person
  - Family system

- Affected children
6. Be aware of appropriate pastoral interactions with the:
    - Addicted person
    - Family system
    - Affected children
  7. Be able to communicate and sustain:
    - An appropriate level of concern
    - Messages of hope and caring
  8. Be familiar with and utilize available community resources to ensure a continuum of care for the:
    - Addicted person
    - Family system
    - Affected children
  9. Have a general knowledge of and, where possible, exposure to:
    - The 12-step programs – AA, NA, Al-Anon, Nar-Anon, Alateen, A.C.O.A., etc.
    - Other groups
  10. Be able to acknowledge and address values, issues, and attributes regarding alcohol and drug use dependence in:
    - Oneself
    - One's own family
  11. Be able to shape, form, and educate a caring congregation that welcomes and supports persons and families affected by alcohol and drug dependence.
  12. Be aware of how prevention strategies can benefit the larger community.<sup>36</sup>

...for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.'—Matthew 25:35-36<sup>37</sup>.

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<sup>36</sup> Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members, Report of Expert Census Panel Meeting, SAMSHA Washington D.C. (February 2003): 7.

<sup>37</sup> Matthew 25:35-36, OAB.

## APPENDIX

### Definitions of Words and Phrases

Abstinence	A voluntary, conscious decision not to use mood-altering chemicals.
Addiction	The compulsive uncontrolled drug seeking behavior and use in the face of increasing harmful consequences.
Affected Child	One who is living in a home where one or more of the family members are alcohol/drug dependent (either active or recovering). The extent to which one is affected, i.e., takes on elements of the pathology of the ill person, depends on the stage of the disease of the alcohol/drug dependent person and the length of time spent in that environment.
Affected Person	A person who is, or has been, traumatically impacted through the dynamics of being involved in a significant relationship with someone who is alcohol/drug dependent.
Aftercare	Continuation of the recovery process began in treatment for the alcohol/drug dependent person and his/her family. Family members may be involved in a variety of aftercare programs, such as: AA, Al-anon, Alateen, individual and/or family counseling, and support groups.
Alcoholics Anonymous	A fellowship of men and women who share their experience, strength, and hope in order that they may solve their common problems and help one another recover from alcoholism. Their primary purpose is to stay sober and to help other alcoholics achieve sobriety.
Blackout	Alcohol/drug induced period of permanent memory loss in which a person is awake and functioning but is unable to recall his or her behavior. Blackouts can last varying lengths of time. Blacking out should not be confused with passing out, which is a loss of consciousness due to the depressive effect of the alcohol/drug.
Chemical	An umbrella term used to cover the various substances of addiction to mind-altering (psychoactive or psychotropic) drugs, e.g., alcoholism is addiction to the psychoactive depressant drug ethyl alcohol. As an addictive disease, alcohol/drug dependency has its own characteristic train of symptoms and is uniquely describable.
Chemical Dependency	To become dependent upon mind altering chemicals for relief of symptoms of co-morbid physical or psychological issues, or as a result of the effects of chemical use, which has progressed from use through abuse to harmful dependency and addiction.



Co-Dependency	A dysfunctional pattern of living and problem solving characterized by an exaggerated dependent pattern of learned behaviors, beliefs, and feelings that make life painful. It is a dependency on people and “things” outside of the self, along with neglect of the self, to the point of having little self-identity.
Co-Dependent	A person close to the alcohol/drug dependent who feels a responsibility for his/her condition and unwittingly aids in the progression of the disease, making him/her sicker. The dependent often manipulates the circumstances and life style of the alcohol/drug dependent person, thus removing him/her from taking it upon himself/herself. The co-dependent is often focused on the alcohol/drug dependent person and is seldom aware of his/her own needs.
Co morbidity	The term co-morbidity refers to the presence of two or more illnesses in the same person. These illnesses can be medical, psychiatric conditions, or drug use disorders including alcoholism.
Co-occurring	A co-occurring disorder is any combination of medical, psychiatric, or drug Disorder use disorders which exist simultaneously or sequentially together.
Critical Incident	An occurrence of harmful consequence directly related to the use of alcohol or other drugs
Defenses	Specific behaviors usually unconscious reactions, which serve to protect, to keep others away, to keep from having to feel, or from letting others know what he/she feels. Broad categories include: blaming, projecting, placating, and intellectualizing. Each of these defenses serves to avoid the feelings a person is really experiencing.
Delusion	Defense system of denial, rationalization, projection, euphoric recall, and blackouts, which keeps one from seeing reality. It is experienced by the alcohol/drug dependent person as well as those around him/her. Outside help is necessary to break through the defense system before delusion is recognized and recovery can begin.
Denial	The unwillingness or inability to admit to or acknowledge the existence of a problem related to the unconscious exclusion from the mind of intolerable thoughts, feelings, or facts.
Detoxification	The metabolic process by which toxins are changed into less toxic or readily excreted substances, as in the first stage of treatment in which a person is given medical help in withdrawing from the physical effects of alcohol or other drugs.
Disease	A definite marked process having a characteristic train of symptoms. It may affect the whole body or any of its parts.
Drug	A chemical (alcohol/drug) non-food substance, which alters the neurochemistry causing euphoria and altered perception.
Drug Abuse	The deliberate, non-therapeutic use of a drug which, if measured by dose, frequency, or route of administration, proves to result in harmful consequences.

Enabling	Allowing irresponsible and destructive behavior patterns by taking responsibility for another person, thus not allowing him/her to face the consequences of their actions.
Euphoric Recall	The progression of the use through abuse pattern that has reached a point where the mind recalls the euphoric feelings that are a result of intoxication and lowered inhibitions, but distorts the factual, behavioral events that occur. At this stage, the individual believes the memories of that event to be accurate as well as the actual experiences of that use period.
Experimentation	To test or try for the purpose of discovering something new or unknown. In this project it shall mean to experiment with alcohol or other drugs in order to experience their effects.
Family Disease	Alcohol/drug dependency is a family disease characterized by the fact that the family is unable to separate from the behavior of any one person. However, when the entire family revolves around the alcohol/drug dependent person, whose life in turn revolves around his/her alcohol/drug use, the system becomes dysfunctional. Family members develop roles that are pathologically tied directly to the disease and are describable across the population. These roles are used in order to survive and serve to unintentionally protect the individual from the “feeling disease.”
Harmful Dependency	The continued use of alcohol/drug despite evidence that it’s us is causing continued disruption in an individual’s mental, physical, social, emotional, spiritual, or economic life. This is further characterized by a growing preoccupation with alcohol/drug usage, increasing tolerance to the effect of the alcohol/drug, a changing lifestyle to accommodate the increased usage, and repeated harmful consequences resulting from alcohol/drug use. At this stage a person’s pattern of use is unpredictable and compulsive.
Harmfully Involved	When a person is experiencing substantial harm or pain due to his/her pattern of use yet is not in a phase of dependency or addiction.
Clinical Intervention	A carefully planned process with a trained professional, in which those closest to the alcohol/drug dependent person, having been educated about the disease, present data about the person’s behavior to him/her, state their caring and concern for his/her welfare and encourage the person to seek help. The time to intervene in the disease process is when the symptoms first present themselves.
Phases of Dependency	<p>Phase I. The <i>Learning</i> Phase—on the emotions continuum, use begins in the normal range moves to a level of low to moderate euphoria, and returns to normal.</p> <p>Phase II. The <i>Seeking</i> Phase—on the emotions continuum, use begins in the normal range, moves higher into euphoria than in the learning phase, and returns to normal. Occasionally, there is movement into an area of pain; however, there is no recognition of potential long term or significant problems.</p>

Phase III. *Harmful Dependency* Phase—the use of alcohol/drugs moves to emotionally painful areas, and upon stopping use, the person continues in emotional pain. The person now feels a compelling need for the substance of choice. This could be called the “loss of control” phase, where the addictive process is gradually taking greater control. The person becomes progressively addicted to the “feeling of being intoxicated” which becomes etched into the pleasure circuits of the brain.

Phase IV. *Addiction* Phase—on the emotions continuum, alcohol/drug use causes feelings to move deeper and deeper into the painful area and return to a point near the normal range. This stage can be characterized as “using in *an attempt* to feel and function normally.” At this point the pleasure circuits of the brain have been hijacked and the person only feels complete when using.

Physical Dependence	A state characterized by withdrawal symptoms when administration of a drug is suspended.
Psychological Dependence	A drive or craving that requires periodic or chronic drug administration for pleasure or relief of discomfort.
Recovery Program	Changes in attitude and behaviors which result in a new lifestyle, lived one day at a time, alcohol/drug free.
Tolerance	Program in which the alcohol/drug dependent person and/or his/her family begins the process of recovery from the disease. Each member receives information about the disease, recognizes his/her participation in the disease by examining past and present behavior. This may be done either on an inpatient or outpatient basis.
Treatment	Program in which alcohol/drug dependent person and/or his/her family begin the process of recovery from the disease. Each member receives information about the disease, recognizes his/her participation in the disease by examining past and present behavior. This may be done either on an inpatient or outpatient basis.
Withdrawal	Physical signs of pain or discomfort brought about by termination of drug administration after tolerance has developed.

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