Available online at www.sciencedirect.com

SciVerse ScienceDirect

Procedia - Social and Behavioral Sciences 30 (2011) 1359 – 1364

Procedia
Social and Behavioral Sciences

WCPCG-2011

Adolescent addiction: What parents need?

Peter W. Choate [a] *

[a]*Department of Social Work, Mount Royal University, 4825 Mount Royal Gate, Calgary, Alberta, T3E 6K6*

Abstract

This study developed an understanding of the experiences of parents whose adolescent children became dependent on alcohol and / or drugs. A qualitative review explored the process that parents experienced, how they sought intervention and the ways in which support systems aided or hindered. Thirty one parents or caregivers of 21 adolescents were interviewed. All were in a long term recovery program and were diagnosed with a substance dependence disorder. Results showed that parents were typically about 2 years behind in their knowledge and had frequently been diverted into other possible explanations for the child's behaviors. Other themes were identified and recommendations for clinical practice are made.

Keywords: adolescent addiction; familes; addiction; treatment

1. Introduction

Alcohol and drug addiction has been found to have a significant impact on family functioning, although little research examines the impact when the addict is an adolescent. These impacts include family disarray, failures at trying to control the addictive behaviors, increasing helplessness against the addiction and family life centered on the addict. (Barnard, 2007; 2005(a); 2005(b); 2003). In essence, the family system suffered varied negative impacts (see also Clark et al., 1998). Orford et al., (2005) looked at the impact of addiction on families in three cultures and found similar impacts.

The limited research on adolescent substance abuse impacts on families has shown some important themes. Fisher et al., (2006) note parents frequently do not know that their child is using or the extent of that use. Usher et al (2007, 2005) found that negative effects are seen across a diverse range of the teen's life – school, health and family relationships. Families are fractured by the addict's substance use along with the addict's related behaviors. Impacts are found across the family system. (Jackson, Usher and Obrien, 2006/7; Nuno-Guiterrez, Rodriguez-Cerda, & Alvarez-Nemegyei, 2006; Barnard, 2005).

Parents may move from suspicion, to knowledge, to enabling and then to confrontation. They may also struggle with their own shame, blame and guilt. They must also deal with the loss of the child as they once knew them and keeping other family members safe (Jackson, Usher & O'Brien, 2007). Other researchers have noted that conflict becomes part of the parenting relationship (Butler & Bauld, 2005). Parents may also minimize, deny or even normalize the substance use as part of the adolescent experience (Barton, 1991).

* Corresponding author. Tel.:01-403-262-7365; Fax: 403-266-0214
E-mail address: pchoate@mtroyal.ca

doi:10.1016/j.sbspro.2011.10.263

Pearson (2000) found that families tend to deal with adolescent drug misuse in one of three ways: engage the problem directly; tolerate it; or withdraw themselves from the substance abusing adolescent. Usher, Jackson and O'Brien (2005) noted that withdrawing may serve to increase the risk factors for heightened use which may then go on to further fracture the family.

Triggers for recognizing the extent of an addiction problem and then taking action can include "…contact with the legal system or family problems are commonly the triggers for recognizing substance misuse…" (Usher, Jackson and O'Brien, 2005, p.210). Earlier work by Jackson and Mannix (2003) notes that the problems are typically quite entrenched before they become recognized and that the onus for managing the problem will fall largely to the parents. When parents do get to the point of trying to deal with the problems, they can often feel unsupported (Barton, 1991).

1. Objectives

The objective of the current research is to better understand how parents come to understand and then intervene in their adolescent's substance dependency and what supports were and were not perceived as effective.

2. Methodology

2.1 Sample

This was a convenience sample of parents who volunteered to be part of a qualitative study that looked at the ways in which they attempted to parent and intervene in the adolescent's drug use. Their adolescent child was enrolled in a long term, family oriented rehabilitation program. All been diagnosed with a substance dependence disorder by clinical staff and then latterly by the author. Co morbidity was found in 17 of the 21 adolescents. This included 9 with Attention Deficit Hyperactivity Disorder; 2 with Conduct Disorder; 6 with Oppositional Defiant Disorder; 8 with mood disorders; 4 with learning disabilities and one each with an anxiety disorder and bulimia nervosa.

There were 11 male and 10 female adolescent clients. Informed consents were obtained. The sample consisted of 17 biological mothers and 7 biological fathers, 1 step mother and 2 step fathers as well as 2 adoptive mothers and 1 adoptive father. There was also one extended family member acting as parent.

2.2 Interview process

Interviews lasted between 45 minutes and 2 hours following a semi-structured approach that allowed parents to discuss: (1) how they became aware that their adolescent child was using drugs; (2) how that information evolved to an understanding that the problem was serious and perhaps representative of addiction; (3) what the parent did to try to address the problems; (4) what were the impacts on personal and family functioning and; (5) what lead them to admitting their child to rehabilitation. Parents were given a great deal of freedom to expand on any given topic and to include material that they saw as important even though it strayed from the semi-structured interview. The interviews were audio recorded and later transcribed by a professional transcriptionist. Each transcript was checked for accuracy by the author against the audio recording. Identifying information was stripped from all data.

3. Results and Major Themes

3.1. Finding out

Parents described that it took them about 2 years before they reached a point of fully understanding that they had a teenager with a serious substance dependency problem. It was then that they became highly motivated to look outside of the family for dependency related support. Prior to that, they described seeking a variety of explanations such as mental health or learning problems.

3.2. The barrier of confidentiality

Parents spoke about taking the teenager to therapists or drug programs that would see the child and then withhold information from the parent. They felt frustrated because the teenager utilized confidentiality to sustain a barrier between the therapist / assessor, Parents felt uninformed and helpless. They even spoke of being excluded as a source of information because the teenager used confidentiality to prevent the therapist from even conferring with parents. The teenagers became astute about what to say.

3.3. Therapist communication

When parents started to believe there were drug or alcohol problems, they sought out therapists specializing in the area. The parents found that those who did speak with them had a tendency to use language that tended to minimize the problems for the parents. They felt that therapists needed to be blunter with them in order to overcome their own reluctance to see the seriousness of the problem.

3.4. Interventions too short

As they became increasingly aware of the seriousness of the problems, parents tried to get more intensive intervention although that was difficult as most were solution focused or short term, harm reduction efforts. These efforts were not intensive enough to have a lasting impact.

3.5 Role of police and the courts

Police officers, although limited in what they could do from a therapeutic perspective, were far more likely to be blunt about what was going on. This was typically viewed as helpful. The courts were not seen as holding the teen accountable. Sentencing upon conviction did not appear to positively change drug use behaviors.

3.6. School

Academic problems, including failing grades, poor behaviour and skipping class, were common. In general, parents state that schools choosing to suspend or expel the youth were not helpful. In essence this gave the youth more freedom to abuse substances.

3.7. Extended Family and Friends

Parent's shame and guilt often precluded them from reaching out to extended family and friends for support. When there was someone in those networks who was in addiction recovery, however, they would use them for support. This tended to occur only after problems escalated to a point where the parent saw them as serious.

3.8. Family chaos

As the parents' attention increasingly focused on the problematic teenager, other facets of family functioning would disintegrate. This included marital problems, neglect of other children and breakdowns in family communication. Largely, parents report that these problems were never addressed prior to entry into the rehabilitation program. This meant that disarray became a common theme in most of these family systems.

3.9. Fear

As the problems worsened, so did the allied behaviors. The addict would run away, and engage with peers the parents thought to be obviously also troubled. They became aware that their teenager was committing crimes and showing signs of addiction that included self harm, overdoses and deteriorating physical and mental health. This led to fear that their adolescent was going to be seriously harmed or even die. Parents felt increasingly powerless which is what often led them to seek intensive rehabilitation options for their teenager.

4. Discussion

A pervasive theme is that, as the addiction progresses, parents struggled to make sense of the changes that their adolescent was showing across major life areas. The progression was ongoing and often subtle. Yet, things got worse and worse with the family system and typically for each member of the system. For a long time, what was wrong remained unclear. In the absence of strong support and outsiders being clear with what they saw happening, parents struggled for an explanation. They clung to more socially acceptable explanations such as depression or other mental illness, peer relational problems or academic challenges.

The lessons learned reflect the significant day to day challenges faced by parents of teenage addicts. This research expands prior work on negative impacts throughout the family system. In this research their appeared to be a heightened intensity with addictive versus substance abusing behaviors (Jackson & Mannix 2003; Jackson, Usher & O'Brien, 2006/7; Usher, Jackson & O'Brien, 2005 and 2007). .

When parents first encountered drug use with their teenager, they often saw it as part of the adolescent experience, perhaps reflecting their own development. They might think it was a phase that would pass. For the parents in this study, however, that was not the case. Their teenager advanced into substance dependency. It took them a long time to begin to understand that this was more than a stage of life. Parents typically reported that it took up to 2 years. There were a few exceptions. In those cases, the teenager moved rapidly into addiction with changes occurring quite visibly and dramatically.

Many parents got diverted into believing that the problems must be something other than drug use. That meant that they tried to understand what was going on by seeing it as something else. They sought explanations that were not substance abuse related. Getting to the point where they felt that their child had a drug problem was challenging. When they did get there, they struggled to get effective help.

As seen in Figure 1, parents travelled a journey which saw them vacillate between various positions before deciding on rehabilitation. This reinforces the work of Orford et al. (1998) in which they noted that families tend to tolerate, engage or withdraw. With these parents, they chose to tolerate seeing the behaviors as a normal part of the adolescent experience. They engaged it by trying to control the behaviours and what parents saw as the contributing factors such as peers or specific environments. Others chose to withdraw or isolate as they felt increasing powerlessness. What this research helped us to see was that parents did not stay in one position, but moved back and forth between the three positions and then ultimately moved to the decision to force rehabilitation.

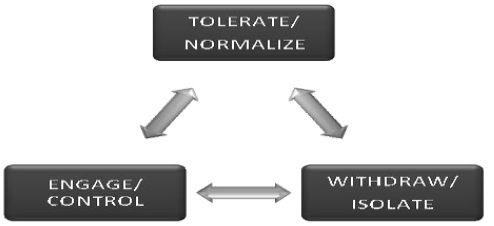

Figure 1: The varying active directions that parents will vacillate around before confronting the rehabilitation decision

The parents in this study often felt shut out of efforts being made by therapists who saw the teenager as their client. This resulted in little communication between therapist and parent. Parents report a need for therapists who see the problem as a family one and engage the whole family so that interventions can be built around all of the needs – the adolescent who is using as well as the parents and siblings. In essence, parents were seeking ways to get help for the teenager while building connection. The therapists were seen more as siding with the teenager or at least creating something of a silo in which the teenager and therapist existed without much of the parental presence. Thus,

parents reported that they often felt as though the process was separating rather than unifying the family. The need for family oriented intervention was clearly evident. Parents experienced therapists building alliances with the teen in order to gain the confidence of their client. However, the real client, the family system, was in chaos.

Systems that support families also need to be willing to be more up front with parents about what might be going on. If information is collated from schools, therapists, parents and others who may be involved, a more cohesive picture can emerge. The breaking down of silos between the parties will increase the likelihood that parents can be better informed about the problem. The parents describe that they needed this information to help them get past their own denial and minimization so that they could choose effective interventions.

Such an approach requires more of a family orientation in intervention. The need is systemic as opposed to individual. It also became evident that the intensity in these cases differed from those of a family where the teen is experimenting or abusing substances. Thus, more intensive interventions are needed with this addicted population.

5. Limitations and Future Direction

This research uses a convenience sample which means that all of the parents are involved in the same treatment program although their pathways to entry are diverse. However, other populations will help to replicate the nature of these experiences increasing the clinical applicability. Such research might well consider different types of addiction programming. Parents with particular types of beliefs or situations might be drawn to a particular therapeutic approach and, thus, their experiences may be different.

This research highlighted a pattern of changes in family systems that appear to have adverse impacts on siblings of the addicted teen. Further research will assist in increasing knowledge about not only their experiences but also how to effectively support them. This will also give insight into the degree to which one addicted teenager in a family may act as a contagion to siblings.

Acknowledgement: This research could not have been done without the open and generous contribution of these parents and their willingness to tell their very personal stories. Thanks are also due to the Alberta Adolescent Recovery Centre for allowing this research to be done.

References

Barnard, M. (2003). Between a rock and a hard place: The role of relatives in protecting children from the effects of parental drug problems. *Child and Family Social Work, 8*(4), 291-299.

Barnard, M. (2005a). Discomforting research: Colliding moralities and looking for 'truth' in a study of parental drug problems. *Sociology of Health and Illness, 27*(1), 1-19.

Barnard, M. (2005b). *Drugs in the family: The impact on parents and siblings.* York, England: The Rowntree Foundation.

Barnard, M. (2007). *Drug addiction and families*. London: Jessica Kingsley Publishers.

Barton, J.A. (1991). Parental adaptation to adolescent drug abuse: An ethongraphic study of role formulation in response to courtesy stigma. *Journal of Public Health, 8* (1), 39-45.

Butler, R., & Bauld, L. (2005). The parents' experience: Coping with drug use in the family. *Drugs: Education, Prevention and Policy, 12*(1), 35-45.

Clark, D. B., Kirisci, L., & Tarter, R. (1998). Adolescent versus adult onset and the development of substance use disorders in males. *Drug and Alcohol Dependence, 49*(2), 115-121.

Fisher, S. L., Bucholz, K. K., Reich, W., Fox, L., Kuperman, S., Kramer, J., et al. (2006). Teenagers are right - parents do not know much: An analysis of adolescent - parent agreement on reports of adolescent substance use, abuse and dependence. *Alcoholism: Clinical and Experimental Research, 30*(10), 1699-1710.

Jackson, D., & Mannix, J. (2003). Then suddenly he went right off the rails: Mothers' stories of adoldescent cannabis use. *Contemporary Nurse, 14*(2), 169-179.

Jackson, D., Usher, K., & O'Brien, L. (2006/7). Fractured families: Parental perspective of the effects of adolescent drug abuse on the family. *Contemporary Nurse, 23*(4), 321-330.

Nuno-Guiterrez, B. L., Rodriguez-Cerda, O., & Alvarez-Nemegyei, J. (2006). Why do aloescents use drugs? A common sense explanatory model from the social actor's perspective. *Adolescence, 41*(164), 649-665.

Orford, J., Natera, G., Mora, J., Tiburcio, M., Copello, A., Velleman, R., Templeton, L., Atkinson, C., Crundall, I., & Walley, G. (2005). *Coping with Alcohol and Drug Problems: The Experiences of Family Members in Three Contrasting Cultures.* London: Routlegde.

Orford, J., Natera, G., Davies, J., Nava, A., Mora, J., Rigby, K. et al., (1998). Tolerate, engage or withdraw: A study of the structure of families coping with alcohol and drug problems in south west England and Mexico City. *Addiction, 93*(12), 1799-1813.

Pearson, G. (2000). Substance abuse and the family. *Current Opinions in Psychiatry, 13*(3), 305-308.
Usher, K., Jackson, D., & O'Brien, L. (2005). Adolescent drug abuse: Helping families survive. *International Journal of Mental Health Nursing, 14*(3), 209-214.
Usher, K., Jackson, D., & O'Brien, L. (2007). Shattered dreams: Parental experiences of adolescent substance abuse. *International Journal of Mental Health Nursing, 16*(4), 422-430.