



Working with Adolescents and Young People*:

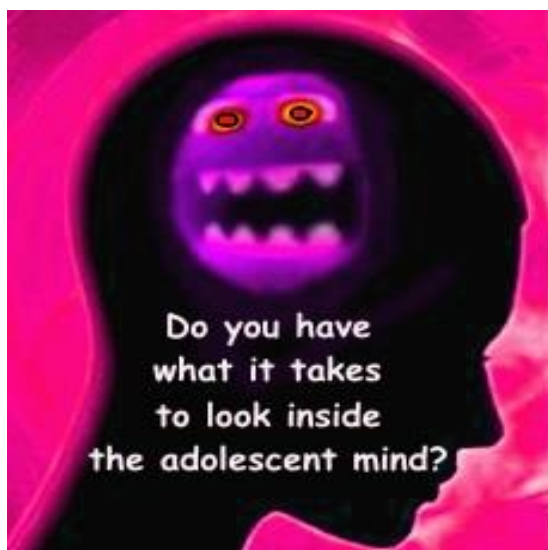
Note – this article discusses some topics often related to working in substance use treatment with adolescents and young people. For overall skills that are effective when working with resistant teens, see the following articles – (Click links to view)

[Engagement Tool - Values](#)

[Tool #9 – Taking an Interest](#)

[Candor and Honesty are your Shield](#)

Nothing tests a clinician's engagement skills more than trying to help resistant, angry or defiant teenagers who have been forced into substance abuse or mental health treatment programs. In fact, in all of my years of training social workers and counselors, I have always said that when it comes to training someone to run an adolescent substance abuse group, it is much easier to teach someone with only adolescent skills about substance abuse than it is to teach someone with only substance abuse skills about adolescents. I have witnessed counselors who were highly skilled and experienced working with substance-abusing adults, who were chewed up and spit out when faced with a group of rambunctious adolescents. The skill set when working with adolescents when compared with adults in most cases is quite different.



*There is a saying out there gaining popularity which states that “25 is the new 18”. What is meant by that phrase is that the way the world defines adolescence has changed. Legally speaking a child becomes an adult at age 18. However socially, financially and based on maturity levels among youth in today's world, very few individuals are truly behaving as “adults” at age 18. Due to many factors including the economy, the job market, and parenting, many kids are unable to move out and live on their own until 25 or later. The number of young people still living with their parents into their 20's has gone up significantly in most places. Therefore, a lot of what is being explained here about working with adolescents, can also apply with many youth into their 20's.

Most adolescents can skillfully find a host of ways to challenge anything and everything that a counselor might try to teach them about substance abuse or mental health. There are many “hot” topics that often come up in adolescent substance abuse individual sessions and groups that can easily trigger debates if they counselor does not judiciously handle these topics with savvy, tact and



preparation. There are many possible examples of these “hot” topics but here are just a few common subjects that can spark unruly debate with adolescents and young people if the counselor does not handle the situation with care:

Marijuana – There are a good many adolescents and young people who are just waiting to get into an argument about the pros and cons of marijuana with any authority figure who takes the bait and falls into this potential trap. Obviously marijuana needs to be discussed in any substance abuse program particularly due to its prevalence and due to the changing views over the past several years. However, an adolescent substance abuse counselor should make sure to be prepared with the client-centered engagement tools discussed in this book when addressing this potentially distracting topic. Counselors working with adolescents and young people need to be prepared not to approach the topic of marijuana from an “expert” standpoint, because no matter how much you think that you know about marijuana, many, if not most, substance-abusing kids feel that they know more. Rather, for this topic to be a productive discussion, the counselor needs to be ready to be flexible and open-minded. The same holds true with any discussion on drug legalization. Debating or arguing these issues is unnecessary and unproductive. Focusing on both displaying, demonstrating, and teaching empathy (and *empathy without agreement* when viewpoints differ) is critical. Helping teens and young adults with a strong affinity for marijuana use should be more about facilitating open discussion on the different viewpoints, facts and opinions rather than making “arguments” for or against marijuana smoking or legalization. Some young people (and adults as well) have such a strong opinions and beliefs about marijuana that trying to get that person to change their opinion would be akin to trying to convince someone to change their religious or political views. Many individuals views on marijuana are that strongly entrenched. Therefore, argumentative or authoritarian approaches simply do not work. Rather, focusing on being encouraging, reasonable and open-minded when reviewing facts and evidence while collaboratively comparing and contrasting different perspectives and frames of reference can be much more productive toward the goal of increasing awareness and shifting attitudes in a positive direction with this potentially challenging topic. Helping individuals and groups to focus on how marijuana, or any substance, has impacted them personally often means a lot more from a motivational perspective than the overall societal views on a particular substance such as marijuana.

Brief Supplemental Reading - <http://www.takingtheescalator.com/about> (Scroll to then click “The Marijuana Legalization Issue”)

Friends and Triggers - Another good example of a common challenge that often arises working with adolescents is the issue of triggers and friendships. For most kids today, telling them that they need to change their friends is the same in their mind as if we were telling them that they need to change their family. That is how important people’s friends and social connections are to the majority of adolescents. For some of these kids, changing “people, places and things” simply is not an option for discussion. When it comes to changing “places” some of these kids we are faced with today have nowhere else to go. There may be drugs right outside their home and even for some kids, inside their home. Each successive generation that comes along has had an increasing likelihood that one or both of their caregivers has used drugs. For some of these kids the drug culture is ingrained in the fabric of their neighborhoods and at times within their families. Approaching the “friends and drugs” discussion is very similar to the way one would address the topic of marijuana. Rather than focusing on telling kids what they “must do to stay sober” by suggesting that they completely stop associating with all of their substance-using friends, it is often much more effective when the counselor patiently helps clients come to that conclusion on their own particularly when the client is resistant to change. Taking things from a client-centered perspective and letting a difficult client choose what specific



changes he or she is *willing* to try is much more realistic and attainable than attempting to coerce or convince a young person about social changes that they are *required* to make for success. “Musts” usually do not go over well with resistant adolescents as in saying that one “must” change their peer group in order to have success. Often, with reluctant or ambivalent adolescents, when you blatantly tell them what they “must” do, the adolescents may defiantly just do the opposite in an effort to prove you wrong or they may just tell you that they made changes but then continue doing whatever they want too behind your back. As we discussed at the outset of this book, starting by being realistic and reasonable about what our clients are willing to change is of much greater value than forcing our ideals on someone who is simply not ready to make more radical or drastic lifestyle changes even when we believe it is “for their own good” – Be reasonable, keep it real, start where the client is and then move forward and upward steadily from there.



Emotional Maturity involves our ability to accept disappointment when it happens...then MOVE ON

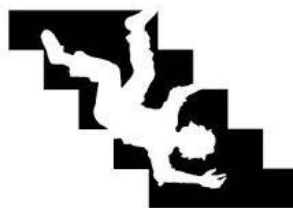
Drug Dealing - Another issue that complicates work with adolescents and young people (and at times older people as well) is the prevalence of not only drug use but drug sales. Obviously, the safety issues involved with drug dealing come first and foremost as any form of drug selling or trading cannot be tolerated in any program for the safety of its members. That fact needs to always be addressed in treatment programs. Still, when working with adolescents and young people, as most substance abuse counselors know, in some neighborhoods the overall rule is for drug dealers to smoke weed but then focus on selling other stuff. Drug dealing is not just an inner city thing either as many suburban middle and upper class kids are involved in dealing as well as knowledge of elaborate methods of obtaining and selling prescription drugs. Drug dealing often complicates treatment a great deal. For some individuals, giving up drug use is secondary to the bigger issue of a struggle to continue to quit drug dealing. Fast, easy money and power can be as intoxicating and addicting as even the most habitually abused substances, if not more. Therefore, a counselor must be prepared to address this issue when working with adolescents and young people as past involvement in drug dealing most assuredly can complicate the change process. (It is better to address *active* issues with drug dealing in individual therapy than group substance abuse therapy for obvious reasons) This issue also arises with adults as well. Like many of the other more troublesome topics discussed up to this point, there are no easy answers when addressing drug dealing in treatment with our clients. Otherwise, when discussing the issue of drug dealing as a general topic in



treatment, maintaining a versatile and resilient attitude and approach, along with possessing an astute readiness to think outside the box in a client-centered manner is the best way to start. In fact, any future writers and researchers reading this who may be looking for an area that needs more work and development, the topic of finding evidence-based treatment practices specifically for drug dealers is a distinct area of need at this time.



Adolescents and the 12 Steps: In most areas, 12 Step programs have failed for adolescents. There is good reason to understand why that the 12 Steps do not work well with the adolescent mind of today. Of course there are examples of teens and young people who had success with 12 Step programs, however in the area of adolescent substance abuse that is the exception as opposed to the norm. Take, for example, the Step 1 concept of being “powerless over alcohol (or one’s addiction)”. Trying to teach an adolescent or young person to accept the concept of *powerlessness* is akin to teaching a dog to use a cat’s litter box; in theory it seems like a great idea but in practice it goes directly against one’s predisposed “nature”. Adolescents inherently are at the developmental stage where they are learning to formulate their own beliefs and ideas and to stand up for their own convictions. Naturally then, telling an adolescent that he or she is powerless over something only serves as a means to motivate that same adolescent to feel the need to prove the opposite is true. Adolescents, to the contrary are most often much invested in attempting to display that they are in fact in control. To make matters even more challenging, today’s generation of young people has only evolved even more in the direction of inordinate self-reliance and mistrust which also flies in the face of the idea of admitting powerlessness. Independence and autonomy are good things to strive for but in order to succeed in adolescence that should be balanced with both trusting in and learning from others with more experience which often gets lost in some young people’s perception.





Sometimes the only way to get adolescents to go to 12 Step meetings with any consistency is to force them, which is not recommended*. There are those examples of adolescents who were coerced to go to 12 Step meetings who had an “aha” moment at the meetings and discovered that the 12 Steps were good for them. To the contrary, however, there is an overwhelming majority of young people who were forced or mandated to attend 12 Step meetings who walked away from the program convinced that they are not as bad as “those people” at the meetings. Rather than being drawn to attend these 12 Step meetings more on their own, the coercion approach usually has the opposite outcome, resulting in many teens resenting and then avoiding 12 Step meetings afterward. Once again, the basic principle we discussed earlier of forcing a defiant teen to do anything against his or her will usually only serves to increase that individual’s aversion to whatever they are being forced to do as well as strengthening their fortitude and determination to just resist harder next time. Therefore, forcing or coercing kids to go to meetings is not the answer either. There needs to be an alternative which is one of the motivating factors behind the development of the Escalator Approach, which is an alternative to the 12 Steps.

*To read more go to - [“What is Wrong with Mandatory 12 Step Meetings?”](#)



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