

MY CHILD IS ABUSING DRUGS AND ALCOHOL – WHAT DO I DO?

BY: WALT MUELLER, CPYU President

“Each and every day hundreds of parents are shocked to discover that their child is using and abusing drugs and alcohol. How would you respond if you discovered that your preventive efforts had failed?”



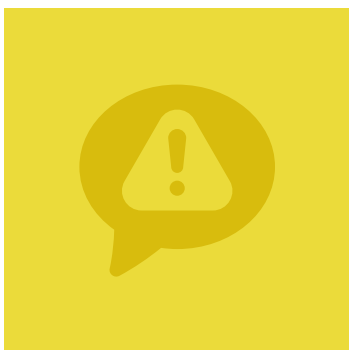
All Ed wanted to do was find the iPhone charger his son had borrowed. He went into Jason’s room and started looking around. He went into a desk drawer that contained a tangle of Jason’s electronic chargers and cords. Ed never found the iPhone charger he was looking for, but he did find something else. . . . a plastic bag full of weed. Ed looked around the room some more. It wasn’t long before he found a bottle of vodka in the closet, an empty beer can in the trash, and a pipe hidden in Jason’s nightstand. Ed quietly sat down on the edge of Jason’s bed. After sixteen years of loving and raising his son, he wondered if the unimaginable could *really* be happening. He felt like someone had just punched him in the stomach.

Each and every day hundreds of parents like Ed are shocked to discover that their child is using and abusing drugs and alcohol. For Diane it took a phone

call from the school guidance counselor. “Could you come into my office right away?” the guidance counselor asked. “We need to talk about your daughter Rachel. We found a bottle of wine in her locker, and we have reason to believe she’s been drinking in school.”

While vacuuming out the family car, Tom found a pack of rolling papers under the front seat. A search of his son Tyler’s room yielded a small plastic bag filled with marijuana.

The problem hit home for Steve and Tammy when they pieced together a string of sudden behavioral changes in their daughter, Kim. A drop in grades, change in friends, disheveled appearance, and withdrawal from family life all pointed in a direction they didn’t want to look. Their suspicions were confirmed when Kim finally admitted to habitual use of amphetamines.





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How would you respond if you discovered that your preventive efforts had failed? What would you do if faced with the realization that your child had become a “statistic” like Jason, Rachel, Tyler, or Kim?

If you’re like many parents, the temptation is to deny that the ugly reality of teen substance abuse has hit home. But disbelief only allows the problem to continue and worsen. In order to redeem a situation gone wrong and restore our teens to physical, spiritual, and emotional health, the substance-abuse problem must be acknowledged and addressed. Experts agree that now, more than ever, teenagers need loving dads and moms who are committed to addressing the reality of their teenagers’ problem by taking five steps on the road to undoing what’s been done.

Step #1: Take a deep breath.

As with any crisis, discovering that your child has a drug/alcohol problem can send you reeling into a state of shock and alarm. The sudden overwhelming terror often leads parents to become irrational or overreactive. But a positive first step lays a strong foundation for your family’s walk down the road to recovery. Here are three bits of advice to heed as you take a deep breath and prepare for the very difficult road that lies ahead:

- First, don’t panic. Losing your cool, composure, or head will only make the situation worse.
- Second, don’t feel guilty. Your first priority is to eliminate the nasty influence of substance abuse on your child. Wallowing around in guilt, shame, and self-pity can paralyze you and keep you from taking the needed steps. Remember, your children have the freedom to make their own choices. For whatever reason, they have made the choice to abuse drugs and/or alcohol.
- Third, love your child. Now, more than ever, he or she needs to know that you are going to stand by and love unconditionally, in spite of his or her bad choices. When I asked a teen ex-addict to tell me

the best thing parents can do when they discover their child’s problem, he answered without hesitation, “Love them!”

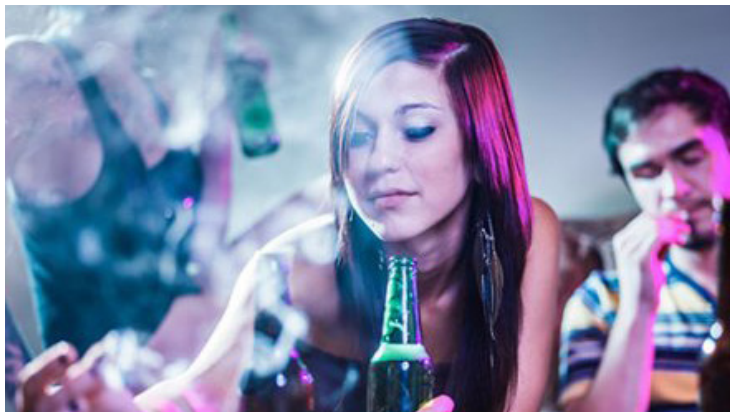
Step #2: Confront your teenager about the problem.

After catching your breath, develop a plan for confronting your teen immediately with your suspicion/knowledge of the problem. Delay only allows a bad situation to get worse. As you prepare to face your teen, keep three objectives in mind.

- First, don’t confront them while they are under the influence of alcohol or drugs. Because your goal is to get them to listen, be sure that they are in a frame of mind to hear and understand what you’re saying.
- Second, don’t confront them until you yourself are calm. Because your goal is to eliminate the drug problem and deal with the heart issues that have caused it, you should avoid any possibility of coming across with the alienating tone of a preacher or police interrogator.
- Third, you want the confrontation to yield an admission of your teen’s problem and a desire to get help. Because denial is a common problem for people struggling with chemical dependency, a process of

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intervention might be required to break through and motivate the teen to seek help. An intervention is a well-planned confrontation that involves some combination of family members, friends, and professionals. Speaking with care, love, hope, and concern, the team shares examples of specific incidents in which the user’s behavior has had negative consequences on themselves and others. If an intervention is necessary, it’s important that you get some training or enlist the help of a professional who can structure and facilitate the session.



Look for a counselor who takes into account the spiritual dimension of teen addiction problems.

Step #3: Secure the help of a qualified counselor.

While we may know our children better than anyone else, the scope of a teen substance abuse problem requires a course of corrective action and treatment that goes beyond what we can handle on our own. Gary Oliver, a trained substance abuse counselor in Pennsylvania, offers some straightforward advice to parents: “If you see a rattlesnake in your basement, you may want to call someone who knows something about rattlesnakes!” The best thing to do for your teen and yourself is to go to your pastor or a trusted counselor for a referral to a competent individual or program with a proven record of successfully handling teen substance abusers. Look for a counselor who takes into account the spiritual dimension of teen addiction problems. In a day and age where many counselors view “religion” as a crutch, you’ll want to be sure you choose a Christian counselor who sees God as the solution, not as part of the problem.

In cases where teens continue to deny their problem even after intervention, they will probably refuse to see a counselor. When a teen refuses help, parents should continue to address the problem by going to a Christian counselor themselves. A trained professional will help you discover ways to break through to a teen who seems unreachable.

Step #4: Determine the depth of the problem.

Earlier I mentioned Rachel, a girl who was drinking heavily, and Tyler, a teen who was using marijuana. While it was evident to their parents that these kids had

entered the dangerous world of teen substance abuse, nobody knew the frequency or severity of their abuse patterns. In order to determine the exact extent of Rachel and Jason’s problems, their individual counselors conducted a thorough assessment.

For some parents, the end result of an initial evaluation will be good news. While devastated by their discovery of Jason’s rolling papers, Tom and Lori were pleased when the counselor said that Jason was not a drug addict but a curious teen who was caught in the beginning stages of drug experimentation. While he required counseling, his problem was nowhere near as severe as Rachel’s. In her case, her parents’ worst fears were confirmed. Rachel’s drinking was long-term and frequent.

Psychologist Les Parrot distinguishes four possible and common types of adolescent drug users.¹ A thorough initial evaluation should determine where a teen with a substance abuse problem falls on the severity spectrum. Then, and only then, can an effective and appropriate course of treatment be recommended.

- The least severe type of user is the *Experimenter*. He or she uses drugs or alcohol up to four or five times in order to gain acceptance by the peer group or to satisfy his or her curiosity as to what the high is all about.
- The *Recreationist* uses drugs as an avenue to share a pleasurable experience with friends rather than for the mood or effect of the substance. In an adolescent equivalent to the adult world of cocktail parties, teens like Tyler and his friends would “fellowship” around smoking pot.



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- The *Seeker* has a use pattern that goes beyond sharing an experience with peers. He or she pursues an altered state of consciousness and uses drugs or alcohol regularly to achieve that effect.
- The most dangerous and advanced adolescent abuser is the *Drug Head*. He or she is addicted to drugs and can't live without them. The use of drugs to feel OK indicates a strong physical and psychological dependence. This describes the sorry state of what Rachel's life had become.

Step #5: Get treatment.

A qualified professional will work with parents to recommend and prescribe a course of treatment appropriate to the severity of the substance abuse problem. Teens with more severe problems should be directed to one or two types of ongoing treatment programs.

- Outpatient care is a cost-effective way for teens to continue with the regular activities of their daily lives while addressing their substance abuse problem. Teens with early stage substance abuse problems can reap great benefits from the regular routine of attending meetings, counseling, and lecture sessions several days a week after school while going home to practice what they learn in their real-life family situation. At the Naaman Center in Pennsylvania, adolescent counselor Gary Oliver requires teens to attend three-hour-long sessions at least two to four times a week, for the durations based on the individual's clinical and recovery needs.
- Inpatient care is a comprehensive approach to treatment recommended for teens who need intensive support, supervision, and education. By taking time out from the normal routines and stresses of daily life, teens are able to focus

on the recovery process with the twenty-four hour support of a team of qualified medical and counseling professionals in a protected environment. Rachel's condition warranted inpatient care that required a six-week stay in a program designed specifically for teens.

Parents who want to secure the best and most effective treatment for their teens should look for some basic elements in a treatment program:

- First, the program should involve teens in Christian counseling that is designed to increase awareness of their addiction, get to the heart issues of the problem, improve their coping skills, and lead them to establish and pursue goals for a drug-free lifestyle. Because substance abuse is not just a physical problem, counseling must address the spiritual and emotional issues as well.
- Second, the program should involve parents and the rest of the family in the counseling and recovery process. Teen substance abuse problems don't occur in a vacuum. Treatment centers should recognize that family members need help themselves. Through their involvement in her treatment, Rachel's parents discovered unhealthy family and parenting patterns that contributed to Rachel's decision to abuse alcohol. Successful treatment meant not only that Rachel began to live drug-free but that her entire family system was healthier because everyone was involved in the recovery process.
- And finally, the possibility of a relapse should be addressed through a good follow-up program. By some estimates, up to 70 percent of chemically dependent people resume alcohol or drug abuse within one year of treatment. Teens should leave a treatment program with relapse-prevention skills, a support network, and scheduled follow-up counseling.



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Adapted from Walt Mueller's book, *Youth Culture 101*.

1. Les Parrott, III, *Helping Your Struggling Teenager: A Parenting Handbook on Thirty-Six Common Problems* (Grand Rapids, Mich.: Zondervan, 2000), 106.