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Talking to Adolescents About Drugs

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Abstract

Having a conversation with teenagers about their use of drugs is a problematic matter. I am a substance abuse counselor, and have been at Gallup High School in New Mexico for the past two years. I make presentations on the abuse of drugs, and the direct and indirect effects that result. I also do individual and group counseling with students referred by others, or themselves, for substance abuse issues. The issues may be the result of the student's own behaviors, or the behaviors of others in their lives. The ability to establish a relationship depends as much, if not more, on the behaviors of the counselor as it does on the attitudes of the student. Although I am considerably older than my clients, I find that the road to a genuine connection and productive relationship lies through openness, caring, and honesty. In the pages that follow, you will see some specific techniques that I use to establish a connection that works.

Horney (1972) found that externalization is as pertinent to the adolescent neurotic as it is to the adult neurotic. Indeed, Horney makes the point that neurosis begins in childhood. One of the aspects of neurosis is that the individual attempts to solve problems by shifting at least part of the responsibility onto the outside world. Hence, the term externalization. The process of dealing with the neurosis is arduous. Horney (1972) says, “I believe that man can change and go on changing as long as he lives. And this belief has grown with deeper understanding.” (p. 19).

The purpose of this paper is to suggest a method of talking to adolescents that will have an effect on their behaviors regardless of the honesty or accuracy with which they present themselves. Adolescence is a time of life that is difficult both for them and their adult contacts. There is a lack of understanding and a suspiciousness that impairs communication. The result of this impairment is often a problem for both sides. There are however, ways of dealing with this communication difficulty that are indirect and may lead to good outcomes. Whether or not adolescent clients ever learn to trust the counselor and speak directly may not be as important as we think. Eventually, as they enter adulthood, this will resolve itself for most people. Some will carry their mistrust with them for a lifetime. Even if we do nothing more than avoid increasing their mistrust burden, we have done a great deal. This, therefore, is the purpose and rationale of this paper.

What can a counselor do if an adolescent balks at telling the truth or has perceptions of their own behaviors that color the truth? The answer I have come up with is to simply ignore whatever is said which is self-serving in terms of an effort to escape counseling by claiming all is fine, there is no problem, or there was a problem but I have solved it and it is no more. As a counselor I have intuitions about what I hear. In any case I

would err on the side of the angels by assuming that counseling will have a beneficial effect on the person even if the disclaimer they offer is true.

The notion of ignoring the client's disavowals is based on the work of Yochelson and Samenow (1994) which was pioneered among the incarcerated criminal populations. We are not saying that adolescents are criminal (although, technically some are criminals having broken controlled substance laws). What we are saying is that their communication styles are very close to the styles of adult incarcerated criminals, and that therefore the work of Yochelson and Samenow is relevant and pertinent.

Thus, we begin by adopting a procedure that bypasses the denials of the client and discusses issues although in a much less confrontational style than the authors. To this style we add the specific steps outlined below which are Cognitive Restructuring techniques. A person must first know what behaviors are destructive, then stop habitual negative thoughts, build positive thought responses, and reinforce behaviors by self-examination.

First, I work with medical, social, and emotional consequences of substance abuse behaviors. I divide each of these into long and short-term effects. Many times I hear arguments that say such things as, "Well, booze doesn't kill you for about forty years." To which I make the rebuttal that it will kill you tomorrow if you drive drunk. It may also enable you to kill a loved one by disconnecting the inhibitions that prevent violent behaviors.

One very common rationale offered by adolescents to parents or others is, "Everyone has ... a cell-phone, credit card, Mercedes, etc." I know this is simply an inept way defend their behavior, so I simply go ahead to show the fallacies in the argument. I almost never get any response that seems to be convinced by this, but I have to believe that

some of it is being absorbed. I point out how the argument is wrong on its face, but even if everyone (sic) was doing something it still does not necessarily justify the behavior.

Another defense is based on the individual's expressed belief that they have no control over the behavior which is brought about or aggravated by the environment in which they live. Well, "The devil made me do it" whomever "the devil" is this is not a defense in law or in any other domain of human life. There are environments which exercise lots of influence over us, but there is always some degree of personal control that we can exercise. Learning to do that improves our environment and leads too the possibility that even more can be self-controlled as things are modified.

I am personally not sure, however, that what essentially is an educational approach has the emotional power to effect real and lasting change. If in the affective domain we add rapport and emotional re-attachment to the significant people in the student's life as critical issues, I feel more confident that I am on the right track. The understanding on the part of the client as to how to deal with neurotic conflicts is of utmost importance in allowing the client to remain free of conflict throughout life.

References

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