

Word Document

Word Count: 1,859

**Walk Softly, Carry a Big Heart: Compassionate Perspectives on Adolescent
Treatment**

by

Kathleen Parrish, LPC

Clinical Director

Cottonwood Tucson

Sixteen-year-old Lisa leans in the doorway of the medical clinic, her darkened eyes scanning the room. Her arms are crossed in front of her and her body an image of bored defiance. Her hair is dyed coal black and every facial feature carries at least three piercings. Her thin arms display a heartbreaking pattern of self-inflicted cut and burn marks, each one mute evidence of a scarred and troubled soul. Lisa radiates hostility and confusion that is, at once, compelling and dismaying. It's painful to see her standing there, and an understandable first impulse might be to look away; to pretend that we don't see her, that such pain does not exist. But, for adolescent behavioral health therapists, this fiction is impossible to sustain.

Lisa stands as an uncomfortable reminder that adolescence can be a tumultuous and painful time. It is a time when young girls are inexorably morphing into women; a process that involves significant physical and emotional change, and one that can be

frightening and confusing. A once comforting reliance on mom and dad has given way to a fitful separation and sometimes, awkward attempts at individuation. The giddy anticipation of pre-adolescent play dates has been replaced by a peer structure rife with pressure for experimenting with new and untried roles. Activities and interests rapidly evolve, as girls shed their unquestioning acceptance of parental norms and values. Parents, too, may have difficulty negotiating the stormy weather of adolescence and find it difficult to distinguish normal teenage excess from problematic and potentially dangerous behavior. Moms and dads who are in close physical proximity to their children, can sometimes be the last to recognize that their child may be struggling with a significant problem. And while many adolescents walk with ease through this frightening maze of confusing new roles and social pressures, many others lose their way.

What makes the difference between those teens who successfully emerge into adulthood and those who find themselves mired in painful and potentially life-threatening behavior? Factors that contribute to turbulent adolescence are numerous and include family dynamics, the quality of parenting, social pressures, emotional and psychiatric disorders, and developmental dynamics. The numbers tell a troubling story.

In a 2006 National Institute on Drug Abuse (NIDA) survey of adolescents ages 12-20, 28.3 % of respondents reported drinking in the thirty days before they were polled. In a similar 2007 survey, NIDA found that 31.8% of 8th graders reported using alcohol within a month of their response date. Other recent studies suggest that adolescent self-harm is on the rise with 15% of high school students and 17% of college students engaging in some kind of self-injurious behavior. Other research suggests an even higher incidence of self harm behaviors. In a meta-analysis of data from surveys in 2004-2006,

Substance Abuse and Mental Health Services Administration (SAMHSA) found that 8.5% or 2.1 million youth had experienced at least one major depressive episode within a year of report, with rates of depression among females being twice that of males.

These statistics endorse a reality that adolescent clinicians experience every day - the difficult emergence of the adolescent into the young adult. Faced with painful life events such as physical, sexual, or emotional abuse, divorced parents, poverty, and bullying at school, many teens simply lack the emotional resources to cope with these challenges and struggle to find other ways to manage unfamiliar and anxious-making life stressors. Some find it safer to hide their suffering.

Teenagers can be great at putting up a front. Some become masters at disguising real pain lying just below the surface. Parents may dismiss worries about their adolescent child if he or she is doing well in school. Some adolescents are able to maintain good grades, while juggling significant problems like substance abuse, depression, or trauma. Teenagers may also use a cheerful veneer to mask problems, only to crumble into despair when alone and behind closed doors. Parents who intervene on their troubled teens sometimes choose to forgo the comfort of absolute certainty, and take action based on a hunch that something is wrong.

What makes the task of intervention even harder is the fact that normal behavior for one teen might be out of the ordinary for another. Family dynamics, situational behavior, and developmental issues make cloud the picture even further. Getting the teen involved in answering these questions can matter, too.

While many parents long to talk openly with their teen, they may feel daunted by angry responses when they attempt to communicate their concerns about the teen's mood

or behavior. Communication within the family is, too often, limited or chaotic. Teens who are confronted with parental concerns can be hostile, and angry, making it difficult for the well-meaning parent to understand the nature and severity of their child's problem.

And, once communication has begun, teenagers can stifle it in a heartbeat. Teens can be highly sensitive, inexperienced at navigating conflict, and insecure about their relationships with significant others. They can also be quite intense in the expression of their emotions. They may fling accusations and are fond of using extreme words like *never* and *always*. They can be irrational and poorly receptive to even the most well-intentioned feedback. Parents who over-personalize their communication style or argue with the teens' perceptions, run the risk that they may miss vital pieces of information that their teen is trying to give them. On the other hand, a calm and open approach, using clarifying questions, can help reduce the potential for conflict and provide opportunities for a more fruitful discussion.

But even under the best of circumstances, teens who are confronted with a parent's concerns may have difficulty appreciating the nature of their problems. They may also minimize the extent of their problems, become defensive, or justify problematic attitudes and behavior. Parents who suggest that their teen join them in family therapy might be met with a roll of the eyes, a huff, or a flat out refusal to go. Many teens are ambivalent about getting help and even when they agree to engage in treatment, might spend early sessions withdrawn and non-participative. Teens who are allowed to have some level of choice in the care they receive are more likely to invest time and energy into their therapy. Allowing teens to talk about the personal characteristics they value in

a counselor and attempting to find a therapist that the teen respects will enhance a teen's willingness to engage in the process.

Individual therapy can be beneficial for adolescents who are struggling with a wide range of issues. Teens not ready or willing to brave intense family therapy sessions may be willing to see someone who is skilled to address issues that *they* feel are important.

Finding a therapist who specializes in the treatment of adolescents is essential. Adolescent therapists are trained to recognize the often complex interplay of developmental realities and psychological/psychiatric issues common in adolescence. Adolescent counselors also know that, as part of the normal developmental process, adolescents are prone to intense mood swings, strong emotions, and a tendency toward impulsivity. These clinicians are often highly creative in engaging teens to talk about painful emotional issues. An adolescent therapist can also help a teen explore social and peer group dynamics as well as family issues that may be contributing to their difficulties. A skilled therapist will also help determine whether or not an adolescent requires a higher level of care than he or she can provide, including hospitalization, residential treatment, a wilderness program, or a therapeutic boarding school.

Family therapists can be helpful as well. A family therapist can help family members to gain insight into an adolescent's difficulties. Family therapists are skilled at assessing family dynamics and communication styles within the family. Families who participate in therapy can learn the skills necessary to communicate about difficult and potentially inflammatory issues. Family therapists also are able to help family members recognize problematic patterns of interaction and avoid perpetuating them.

Lisa's story reminds us how difficult it can be to provide treatment for an adolescent without also treating the adolescent's family. Even when the family is involved in the treatment process, it's hard to know where to begin in formulating an effective treatment plan for a girl like Lisa. She appears to be drowning in a sea of her own pain and at the same time, desperately pushing away any attempts to help her.

Lisa's problems first emerged when she was eight years old. At that time, she began to experience nightmares that left her exhausted and feeling anxious and afraid throughout the day. She experienced increasing depression and began isolate in her room for long periods of time. Later, she started to pull hair out of her head, leaving shocking bald patches. Her depression worsened, and by age 14 she had begun to cut and burn her skin, using razor blades and cigarettes as tools to blunt a gnawing sense of emptiness and pain. On several occasions, she cut herself so deeply that she needed medical care. On another occasion, she purposely overdosed on her mother's pain medication and was hospitalized yet again. At 15, Lisa began to experiment with street drugs and alcohol, quickly spiraling into a fierce pattern of addiction.

Lisa's mom attempted to help her but mom's own drinking got in the way. Lisa's mother was also frequently absent from the home, leaving Lisa alone with her step-father, a violent man who sexually molested Lisa on several occasions. When Lisa was initially offered counseling, she angrily rejected the suggestion and ran away from home. Her mother's concern not only felt like an attack, it felt hypocritical too. Eventually, it was a friend's prompting that convinced Lisa to get help.

Even after she agreed to seek help, Lisa had trouble owning her problems, but, in time, she was able to acknowledge that she was angry about a number of things. Her

mother's drinking was a source of great distress for Lisa, as was mom's inability to protect her from abuse she suffered at the hands of her step-father. Lisa began to realize that her pain and sadness had had become useful to her—a kind of pseudo-identity; one that Lisa was not sure that she wanted to let go of. Cutting and burning had become a way for Lisa to release and recreate her pain at the same time. She had become proficient at expressing her anger without saying a word. Lisa required a lot of help to begin the process of recovery, including help from a counselor, a psychiatrist, and a 12-step sponsor. Lisa's recovery also required commitment from her mother to pursue the help that she herself needed to combat her own debilitating alcoholism and find the courage to leave what for years had been a violent and exploitive marriage. Lisa's journey will not be easy, and in fact, her recovery is only just beginning. But, with the help of her counselor and the support of her family and sponsor, she may yet find the freedom and the hope that she so desperately wants.