



Recognizing Resilience:

A Workbook for
Parents and Caregivers
of Teens Using
Substances



Discovery Youth & Family Services
April 2012

“Our courage grows for things that affect us deeply, things that open our hearts. Once our heart is engaged, it is easy to be brave.”

Margaret Wheatley, 2002

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This workbook has been inspired by conversations with parents and caregivers who are determined to generate knowledge, meaning and understanding on the topic of adolescent substance use and parenting. With honesty, authenticity and hope these parents have voiced many of the ideas, topics, and themes embedded within these pages and provided feedback as this project progressed.

Stephanie McCune (MA and PhD candidate) has been the primary author and creator of this workbook. Thank you to Stephanie for her inspiration and dedication to this project. This workbook has also benefitted from the contributions of practitioners and innovative thinkers including Griffin Russell, Carol Matthews, Michelle Dartnall, Paula Beltgens, Carrie Morris and the Vancouver Island Discovery Youth and Family Services team.

Production of this manual was made possible through a financial contribution from Health Canada's Drug Treatment Funding Project. The views expressed herein do not necessarily represent the views of Health Canada.

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Introduction

Being a caregiver can be difficult. Despite research and resources about the ‘practice’ of parenting, many families today face challenges and experience frustration, exasperation, and confusion. Many parents doubt their caregiving capacity, while adolescents question their sense of safety and stability as they navigate the transition from dependence to independence. As a result, youth frustration may be reflected in problems such as depression, violence, suicide, use of substances, and sexual activity.

Monumental physical, social, and mental changes can make this stage of life feel uncertain for teens and unrecognizable for parents. Add the use of substances to this period of transition and the already complicated natural processes of development become amplified.

Many caregivers raising teens who are using substances say that their experience feels like a roller coaster that is out of control, with overwhelming emotional highs and lows. Some describe feeling tired, sick with worry, and tense with constant stress. Others feel angry and on edge, unsure of how much longer they can hold on to the relationship. Sometimes they are on the brink of asking a child to leave, or shutting the door on a child’s return. During this time it is common for parents and caregivers to describe a sense of loss: loss of control, loss of self, loss of hope, loss and sadness of days gone by, loss of innocence, loss of dreams, and loss of their children.

This is a workbook for parents and caregivers who love and worry about a teenager who may be experimenting with or regularly engaged in relationship with alcohol or other drugs. You may be a parent or a caregiver with another relationship to the teenager. For example, caregivers include grandparents, aunts, uncles, foster parents, family friends, neighbors, or other people who care about a teen. Whether a parent or another caregiver, this book is directed towards you and your teenager, and so the terms ‘parent’ and ‘caregiver’ are used interchangeably. The workbook is also intended to speak specifically about your son or daughter. As you read through the workbook, you may notice the term s/he is used or that words ‘he’ or ‘she’ are sometimes used in alternating sequence. These terms are meant to be interchangeable and to apply to your teen.

The intention of this workbook is to:

- Provide some concrete information that may offer clarity, understanding, empathy, and direction during this time of transition
- Enhance a caregiver’s sense of capacity to overcome concerns
- Move focus from discussion of ‘the problem’ into discussion of the hopes that can exist within the fear about the future
- Reflect on the emotional challenges and needs of caregivers.

This workbook will encourage:

- Nurturing relationships that foster attachment and connection
- Recognizing existing signs of resilience
- Exploring the emotional, physical and mental impact of caring for a teen who is using substances.



The workbook will provide:

- A basic breakdown of adolescent development and expected and exceptional signs of development into maturity
- Descriptions of the concept of resiliency
- Ideas about how resiliency is influenced
- Information about the use of substances and the underlying reasons as to why a youth may begin to use or continue to use substances in a way that creates distress
- Suggestions for enhancing relationships between caregivers and teens
- Space in which to reflect on values, beliefs, attitudes, and feelings about substances and parenting
- Ideas for increasing communication
- Strategies for implementing boundaries and consequences.

This workbook is designed for caregivers to choose their own approach. Some parents may find value in the literature reviews of specific topics, while others may zone in on the concrete tips and strategies that are included in each topic section. Some may be inclined to take an introspective look at the role of being a parent and the emotional effects of caring for a teen using substances and may decide to complete the reflective exercises included in each section. Others will navigate each component. Some may put the workbook aside until the time is right. Just as there is no one way for caregivers to parent, there is no one way to use this workbook that will gain best results. This workbook doesn't propose to offer expert answers but suggests that there are a variety of ways to parent. These various approaches, if they fit with your beliefs and values -- and with your instinctual sense of how to care for your teen -- can all be effective.

Regardless of the extent of teen substance use, there is hope for teens and there is hope for caregivers to enhance health, wellbeing and, ultimately, relationship.



“While we try to teach our children all about life, our children teach us what life is all about.”

Angela Schwindt

Adolescent Development

Many factors influence the health and emotional wellbeing of teens.

Teenagers go through developmental stages that may account for behaviour changes.

Teenagers want to belong and often seek peer groups to gain acceptance.

Development is not linear. There are many routes that teens go down that still lead to maturity.



Adolescent Development: “This too Shall Pass”

Being a teenager can be hard. Recall when you were a teenager walking down the halls of your high school. Remember the cliques of peer groups, the slamming doors of metal lockers, the tired and over-stimulated kids shuffling down the halls trying to navigate an obstacle course to beat the sound of the ear-numbing bell. Teenagers today navigate this tricky hallway dance in crowded schools with significant peer influence and a social hierarchy determined by peer-led inclusion or exclusion. Bullying that moves beyond face-to-face violence inundates peer networks through online shaming and aggression. Verbal attacks, rumors, and violence can spread through online networks and make the walk down the school hallway intimidating and wounding. Social acceptance may be perceived by youth as being defined by peer norms and interests including: clothing, music, sports and other activities.

For teens who feel that they do not belong, the difficulties of being a teenager can sometimes be too much to bear. For some, belonging may be achieved by participating in a peer group that encourages the use of alcohol or other drugs. For some, the unmet need for belonging or wounds caused by the damaging actions of other teens, school systems, or community pressures may be soothed by the use of alcohol and other drugs.

Add sexual orientation issues, discrimination towards cultural and ethnic minorities, previous abuse histories, and factors associated with poverty, and we start to create a picture of just how difficult it can be to cope during this phase of life.

Karen:

“Parenting a teen is very up and down.”

Peter:

“Grandparenting a teen is a unique experience. Challenging, interesting, frustrating, but rewarding at times too. For me it has been a learning experience.”

Lisa:

“Grandparenting a teen is heartbreaking and rewarding all at the same time.”

Brenda:

“Parenting a teen is exhausting.”

Bill:

“Parenting a teen is a whole lot of work.”

Janelle:

“Parenting a teen is a roller coaster, scary but exciting.”

All human beings want to fit in and belong somewhere or to something. Teenagers are at the stage in life where the need to belong can be the strongest.



Characterized by ‘storm and stress’, turbulence and turmoil, defiance and impulsivity, adolescence has come to be recognized as a tumultuous and feared phase of the human life span. However, along with these deficit-based descriptions lives an emerging conversation that can begin to offer an exception to this adolescent horror story. Although this conversation exists behind the clouds of adolescent storm and stress, it offers a silver lining -- a landscape paved with numerous pathways of development. Rather than there being only one road to ‘destination adulthood’, adolescents may navigate many roads as they travel through events and experiences contributing to maturation. Although some pathways may be more challenging and rigorous than others, many pathways offer an alternative perspective on the period of life called adolescence.

Despite negative influences, adolescence is certainly not all negative, nor is it doom and gloom. Recent studies by Statistics Canada suggest that many youth between the ages of 12 to 19 self-identify as being highly satisfied with life. Teenagers today have access to resources and community initiatives that enhance health during adolescence.

Teenagers Today:

- Are offered a variety of vocational options through post-secondary training
- Have access to community resources that support healthy sexual development, mental health, recreation, and parent support and education
- Live in communities that have increased awareness and support for adolescent issues and health enhancing initiatives
- Live in a society that has increased tolerance and is more open minded about identity and diversity
- Are often encouraged to express ideas and to make choices based on their own values and beliefs.

A Time of Change

Adolescence is a transitory period that is not always easy to understand. As a caregiver, you may find yourself confused and worried by changes you see within your child. It may seem that one day you had a child who was cooperative, dependent, light hearted, and unconcerned, and the next day a child who is uncooperative, fighting for independence, detached, self-conscious, emotionally reactive and stressed. The emergence of adolescence may seem to caregivers to be like a science fiction novel where human children are abducted and replaced with alien counterparts: strangers entering a new and foreign world. Adolescence is a transition within life that can be full of change for teenagers and caregivers. Many teens begin to experience a change in awareness of themselves and the world around them, a change in attachment from caregivers to peers, a change in sexuality, and a change in focus from outward curiosity to inward self-consciousness and egocentrism.



Adolescence is a time of change for teenagers and caregivers and, as with all change, this stage of life can be hectic and confusing.

Much to your frustration as a caregiver, your teen's inward awareness may at times exclude awareness of the feelings, experiences, and personal happenings of others. You might find yourself wondering if your teen has any concept of how their decisions and responses are affecting others. You wonder if teens understand what it is like for parents to ride their emotional ups and downs.

Teenagers often demonstrate a shift at this phase in life to an inward focus. Psychologist Dr. Gordon Neufeld suggests that teenagers have an inward focus on self for a very important reason. He explains that within this exclusive focus on self, teenagers begin to develop their identity and the needs, wants, and desires that will result in who they become as adults. They consider idealistic ideas of 'what could be' as opposed to the 'here and now'. By doing this, teens begin to discover who their 'self' is and begin to make defining ideas, meanings, goals, and concepts of who their 'self' will become.

During their development into maturity many teenagers become highly critical, comparing themselves, parents, friends, and teachers to expectations of 'perfection'. Believing in an ideal, some teenagers will fixate on the concept of perfection and will experience inevitable let-downs and struggles as they fail to meet unrealistic and unattainable standards. Not being able to maintain standards of perfection can increase an adolescent's self-consciousness, sense of isolation, awkwardness and frustration with others.

Despite confusion and difficulties associated with development, and dominant assumptions about adolescent 'storm and stress', adolescence is a wondrous and incredible period of growth, maturity, emotional and physical exploration. The adolescent body and adolescent brain, adolescent emotional needs and adolescent developmental pathways, all open doors for tremendous learning and the ultimate formation of maturity. Adolescence is a constant state of flux with many opportunities and gateways for accessing emotional, physical, and mental resources that nurture health.

Understanding Development

Knowledge of developmental possibilities is important. Awareness of complicated processes of development may provide some answers about understandable behaviour and needs that could otherwise seem confusing or frustrating. Most caregivers will attest that their teen is 'different' or 'unique', and it is with good awareness that they may take this position. Every teen is unique, which means that the process of developing into maturity or adulthood may be different for each teen. There are some developmental processes that many youth experience; however, not all youth will experience the same milestones or preconceived expectations. This doesn't mean that these youth will not have similar developmental achievements. It just means that development is as unique and individual as teenagers themselves.



The result of development will be exceptional for every individual. It is up to you, your family system, your teen, and your community to define what the outcome of development will be and the definition of whether development is successful. Our society may impose ideas of what development should look like, but this perspective may not fit with all families, cultures and communities. It's important that caregivers define with their children what their aspirations and goals are in terms of developing identity and maturity. You can nurture this unique perspective, fostering development in ways that your teen, your family, your culture and your community consider to be positive.

Identity

Our identity is based on an idea of who we believe we are as individuals, groups, and cultural sets. In addition, identity is influenced by our sense of capacity and competency and expectations and beliefs of how we fit into society. Many adolescents find themselves in the process of defining who they are as individuals and how they fit into families, communities, and society at large. It can be very hard for teens when they are unsure of who they are and how they fit in. Familial, social and media influences can foster healthy identities as well as negative perceptions of self. Easily influenced, the development of identity can be affected by perceptions and feedback from social realms such as school and peers. The labels, images, and perspectives that are placed on our children during their development can define who they believe that they are. Labels, social stigma, shame, blame and guilt can add to a self-concept or identity that may be framed negatively.

As adolescents are evolving and changing so rapidly, it is important to build their concept of self by avoiding labels (e.g. drug addict, criminal), negative criticisms (e.g. stupid, liar) and blame. By focusing on strengths, ability, esteem and importance, you can contribute to building capacity so that your teenager can develop identity that is grounded in a constructive self-concept. Acceptance, belonging, respect, nurture, and unconditional relationships can influence a positively framed identity.

Independence Reframed

Many believe achieving independence is an important developmental task during adolescence. Independence is often considered a component of creating capacity to function well as an adult. For adolescents, independence can mean developing responsibility for self and a sense

Adolescence is an important period during the life span for the development of identity.

Michelle: "She wants me to treat her like she is older, but I want to say to her- do you get it, you are putting yourself into harm's way. I don't know what to do."

Joanne: "My child is controlling my every breath, my every movement. I am afraid to exhale because it might send her out the door. I find that a lot of times I am the child and my daughter is controlling me. This doesn't feel right."



of personal power over emotional responses and decision-making. Rather than viewing your teen's movement towards independence as a task to achieve separation from the family, you might see it as interdependence: a task to achieve autonomy while still being a part of the family system. Teenagers are often still dependent on their families for various needs and emotional support. Although teenagers' actions may suggest that they no longer require or want guidance, emotional connection, structure or other facets of dependence, they might still maintain some dependence. Safety, stability, and security that lie within dependency play an important role in nurturing maturity. As a caregiver, you might foster your teen's sense of interdependence by including them in and promoting problem-solving and decision-making, and by encouraging the identification of feelings that might be responses to decision-making.

Imagine...

Adolescence as being a period of transition from childhood to adulthood. A metaphor often used by developmental psychologist Dr. Gordon Neufeld is that adolescence is a bridge between two stages of life. If we were to describe this metaphor a little further we might imagine that this bridge is supported by two shores: dependence and independence. When our children are young, we as parents often provide love and nurture. We might think of our role as meeting both the physical and emotional needs of the still dependent child. Traditionally, as our children have entered the 'stage' of adolescence we have been accustomed to withdraw some of our attention in an effort to now nurture independence. It can be difficult for both parents and teens to adapt to this shift. Perhaps if we view adolescence as being transitional in nature versus a destination in itself our response as parents may shift. In addition, expectations of teens may also shift. As we cross the bridge with our teenagers we find that we span two shores by providing not one aspect of influence but both. For if these two aspects are not bridged together, we may find that we cross not on the bridge itself but through the turbulent waters beneath.

Adolescent Brain Development

You may have noticed the way your teen thinks and responds is different from the way you do. It was not too many years ago that research suggested the human brain was fully mature by the age of ten or twelve. However, recently scientists have confirmed that the adolescent brain is a work in progress,

Teens do not physically have the same ability as adults with a fully mature brain to access in the areas of thinking and reasoning. This may explain some risk-taking behaviour, forgetfulness, disorganization, etc.



suggesting the brain is not fully developed until early adulthood. 90-95% of the brain is developed by puberty, and the remaining part of the brain is not fully developed until the mid-20's. This continued brain development may explain the difference we notice in teenagers' abilities to regulate emotions, to weigh out risks and rewards and their attraction towards sensation-seeking behaviours. Much of our existing literature about the adolescent brain tends to focus on some of the negative aspects of brain development. However, continued learning about the adolescent brain is drumming up much more positive and hopeful adaptive explanations of brain formation and adolescent behaviour.

As a parent, you may have witnessed your teens being drawn to peers, sensation-seeking, novelty and reward. From an adaptive perspective, this draw to new, unfamiliar people, experiences and opportunities, pulls teens away from what is familiar. In a sense this creates inspiration for them to eventually move out of the home, form unique identities, and continue the journey towards maturity. This shift from familiar to unfamiliar or new, continues efforts from childhood to set the stage for one day moving out of the home, a difficult and important task.

“We live in a world made by our parents. But we will live most of our lives, and prosper (or not) in a world run and remade by our peers” (*David Dobbs, 2011*)

During this phase of the human lifespan, the developing brain may not be able to accept all the advice or warnings that seem logical and reasonable to adults. You may find yourself saying things like: “Do I have to tell you AGAIN?” “I asked you an hour ago to clean your room and you say you forgot?” “Smarten up! You could have been hurt,” or “Get organized! Focus on school.” Sometimes you may find yourself becoming exasperated and might take personally your teen's lack of regard or what seems like blatant ignorance or refusal.

Teenagers often react from their emotions while adults usually draw strongly on cognitive decision-making or considered logical thoughts. As an adult, you might weigh the pros and cons of a decision and consider the long-term consequences of actions whereas your teen's brain structure may produce what seems like a more impulsive response. New studies suggest that teenager's ability to acknowledge and weigh risks is similar to that of adults. The difference, however, lies in the value associated with rewards. The developing adolescent brain considers the risks and rewards associated with a particular behaviour, experience, or opportunity, and will give favor to and value the reward over the risk. There may have been times when you have heard genuine reassurances from your teen that they would be home on time, go to school, or not hang out with certain people, and then find only a short time later that they have not followed through on those assurances. If rewards prevail over some of the risks, this might explain some of the impulsivity that you have witnessed in the teen's decision-making.

Another interesting finding concerns the way in which the teen brain interprets emotions from others. The adult brain uses its more advanced and fully developed executive part (frontal lobe) to read and understand emotions on the faces of others. Teenagers, however, use the emotional part of their brains (the amygdale) to decipher meaning and emotional responses in facial expressions. As the amygdale is

less thought-orientated, it can misinterpret the meaning behind facial expressions. For example, it may confuse fear with anger. Ask parents what emotion underlies their emotional, verbal, and non-verbal responses related to a teen using substances, and most will suggest they reflect fear.

Now, if a teenager is interpreting fear-related facial expressions as anger, could this explain why teens can be so quick to escalate into conflict, defensiveness, and belligerent responses? How common is it for you to say, “I just wanted to talk to my teen because I am so worried about her safety, and she just blew up!” When an immature ability to self-regulate emotions is compounded by sensitivity, other developmental influences and substance use, communicating with your teen can understandably be a challenge.

During adolescent brain development, the teen brain begins to establish neuropathways supporting behaviours, and characteristics which will be reflections of who the teen will be as an adult. The brain receives a flood of ‘grey matter’ followed by a period of ‘pruning’ where the connections made in the brain that are used will endure, and those that are not used will fade. The final part of the brain to develop into maturity is the frontal cortex, the more advanced ‘executive’ part of the brain. Given the many new experiences, exposures, and learning opportunities during adolescence, this part of the brain remains flexible and responsive before starting the period of pruning where pathways become more rigid and hardwired. Although parents often yearn for their teens to have better impulse control, judgment, perspective, the frontal cortex is remaining adaptable, flexible, and plastic in order to increase ability and capacity during adulthood.

Each situation and individual is unique. However, part of the behaviour that you may be witnessing could be related to a valid and natural neurobiological process. The good news: the metaphoric light bulb of clarity and cognitive ability for your teen *will* turn on – it just might not be for a few more years!

Growth and Development: Developmental Tasks

Aside from the social and neurobiological processes associated with adolescence, there are other reasons why many teenagers experience changes. In addition to the effects of substance use, there may be developmental explanations for behaviour. The following outline will provide some themes for adolescent development. It is important, however, to recognize that development may look very different in each individual. It’s up to youth, caregivers, and families to define what successful development is. Success may mean something very different to different people, and what a society defines as ‘normal’ may not be relevant.



Developmental Process	What is the Happening	How does this Affect Teen
Physical Development	Puberty: change in hormone levels that activate secondary sex characteristics	Need to sleep longer. Sensitive about their bodies. Some become concerned about gaining weight, some become concerned about not developing at the same rate as peers (early or late maturers). May feel awkward demonstrating affection towards a parent of the opposite sex. Increased curiosity about sex (values, birth control, STI's).
	Continued brain development	Inconsistency regulating emotions, draw to rewards despite risk, reduced foresight and ability to make decisions based on long term consequences. Act as though they are invincible (substance use, sensation-seeking, unprotected sex).
Cognitive Development	Developing advanced reasoning skills such as logical thought process, ability to think hypothetically, ability to think about multiple options	Sensitivity and increased self-consciousness. Overly concerned that others are watching them and judging their thoughts and behaviours.
	Developing abstract thinking. Conceptualizing things that cannot be visually seen, heard, or touched such as religion, spirituality, beliefs etc.	May become 'cause orientated', may become vegetarian after reading about cruelty to animals. May become 'justice-orientated', quick to point out discrepancies between adults words and actions.
	Developing ability to think and contemplate how they feel and are thinking, as well as how	Over dramatize emotions e.g. "My life is ruined." Believing that no one has ever had similar experiences or feelings.



Developmental Process	What is the Happening	How does this Affect Teen
Psychosocial Development	Begin to establish an identity: begin to incorporate opinions of others such as parents, teachers, and peers in order to define “who am I”	Become more argumentative, questioning your values, judgments, and opinions such as “You don’t understand.”
	Developing autonomy by becoming independent, demonstrating the ability to be self sufficient, empowered	Spend more time in their rooms. Parents may have concern if their teen is in their room and spending little or no time with the family. May hesitate about being seen with parents in public.
	Developing social skills and intimacy with close peer relationships	Spend increasing amounts of time with friends.
	Developing sexuality and sexual identity	Explore dating relationships and have many questions about sexuality.
	Begin to develop connection between their abilities and their aspirations for future: begin to recognize what they are good at and develop goals around these strengths	When teens experience a sense of success in school/activities their confidence increases, however when teens perceive that they are not able, not good enough, incompetent, their esteem and identity can be negatively influenced.

Tips for Adolescent Development

- Don't take it personally ☺.
- Support teenagers to discover themselves by asking them to express what they are experiencing within themselves.
- Give space to think, process, and talk.
- Provide tools for self-reflection (like journals, art supplies, instruments).
- Encourage sleep: some teens need understanding when they sleep in on weekends.
- Encourage healthy eating and physical activity: healthy diets and exercise; this can increase energy, improve sleep patterns, and enhance self-image.
- Support involvement in activities that give your teen opportunities to develop existing or new interests, strengths and abilities.
- Find developmentally appropriate ways to exchange affection.
- Reduce self-consciousness by avoiding comparing your teen to other teens.
- Be patient about an excessive need to groom and an inward focus.
- Honour capacity and competency: facilitate ways for your teen to demonstrate a capacity for interdependence.
- Get to know your teen's friends: although you may hear protests from your teen, meet your teen's friends and learn where they go to hang out. Reach out to your teen's friends' parents as allies and as resources for checking in about your teen's whereabouts. Open up your home to your teen and her friends, and encourage them to hang out at your house so that you get to know them and can monitor from a distance.
- Continue to provide a structured environment. Structure suggests stability, which fosters a sense of safety and dependability.
- Encourage a mentoring relationship with another family member, friend, or other healthy adult who will spend time supporting recreation, communication, and health-enhancing activities and connections.
- Create rites of passage for important developmental events. Rites of passage indicate importance and mastery of significant events and experiences. Celebrate transition from primary to secondary school, a son's first time shaving, significant birthdays.

Reflection: Crossing the Bridge from Childhood to Adulthood

Rather than adolescence being viewed as a developmental stage, adolescence can be conceptualized as being a bridge between two stages, childhood and adulthood (Neufeld, 2007). This bridge between two very unique life stages is one that many will walk forward and back on a few times before actually successfully making the crossing.

What is your teen doing to demonstrate that s/he is starting to cross this bridge?

What is getting in the way of your teen making this crossing?

What are you concerned about in terms of how s/he is moving towards adulthood?

What is your teen doing that is working in terms of moving towards adulthood?

What do you need in order to have the strength yourself to support this crossing?



**“ We must teach
our children
to dream with
their eyes open.”**

Harry Edwards

Resilience

Resilience can be influenced at any stage in life.

Risk and protective factors may build understanding of how to enhance health and wellness.

Resilience may be used to describe behaviour that is not socially acceptable but is supporting adaptation to adversity.

Resilience: “Will they Make it Through?”

Resilience refers to the capacity of individuals to navigate adversity.

Resilience is...

- The capacity of individuals and systems to adjust and change in the face of distress
- The ability to adjust to future adversity
- Our innate self-righting mechanism that supports perseverance
- The ability to cope during chaos, crisis, conflict, and stress
- Not a fixed state but something that develops and changes over the lifespan
- Influenced by internal and external risk factors and protective factors
- Not one specific trait but a combination of traits, skills, and qualities
- The ability of communities to develop and enhance health by providing relevant resources and supports

Regardless of the overwhelming influences that face teens and the situations that can increase distress throughout adolescent development (bullying, school difficulties, violence), most youth do grow up to be competent, caring and productive members of society. Most adolescents become well-adjusted, functioning adults.

As research expands and awareness increases about the difficulties facing youth today, the field of science begins to question how youth are able to overcome distressful influences and how communities can be accessible and respond to youth in meaningful ways. Risk factors, protective factors, and resilience are interrelated concepts often used to describe aspects of people and the internal and external environments that may influence healthy development. The concept of risk and protective factors provides a perspective that shows how teen behaviour can be understood within the context of the many influences. This perspective can open understanding as to why adolescents engage in and maintain relationships with substances, what preventative measures can be taken to reduce the harm and degree of use, and what is necessary to promote resilience.

The concept of risk and protective factors is used to classify influences that may increase a young person’s resilience or ability to overcome distress. Risk and protective factors can be categorized by four specific areas: individual, family, peers, and school. Although risk and protective factors can contribute to our understanding of some of the influences that may be adding to or challenging health, we know that teenagers and their situations are unique, which suggests that there may be numerous possibilities and pathways for resilience to be developed and enhanced. In addition, in considering resilience within teens and families, it is often necessary to consider the influence of social and political contexts, and how the broader system impedes or promotes resilience.



Risk Factors

Risk factors can be perceived as life experiences or events that increase the possibility of behaviour such as problematic use of alcohol and other drugs. The greater the number of risk factors, the greater the possibility of harm associated with substance use. However, though we want to understand just why an adolescent may be using substances, every teen is different and every teen is growing and evolving on a daily basis. It's difficult to put risk factors into concrete boxes that clearly and definitively explain why any one teenager begins and continues to use alcohol and other drugs problematically. For many teens, there is an array of influences that we can never completely understand or explain. Nor will we be able to make sense or order of the life experiences and subsequent actions that some individuals take.

Risk factors may influence individuals in varying ways, and may or may not impede the development of resilience and overall health as defined by individuals and families. In order to build resilience, it's important to focus not on the behaviour that your teen is demonstrating but on trying to understand a broader picture of the risk factors that may influence the behaviour.

Protective Factors

Protective factors are influences connected to external strengths and internal strengths that can help to prevent, reverse or change outcomes associated with social, economic, or medical risk factors. Protective factors 'override' risk factors. Often society focuses on negative influences and pathologizes or labels problems, losing sight of the innate strengths and abilities that families and communities have. Many caregivers tend to focus on what they cannot control with respect to their teen and lose touch with the aspects of their child's life that they can control.

What you as a caregiver can control is your own interaction with your child or youth. These interactions create the basic underpinning or foundation of what might build resilience within our families and teens. The most influential protective factor is relationship, and as parents you have control over how you connect and foster attachment relationship with your children. You may find shifting your focus and awareness towards health-enhancing influences will shed light on the pathway that will lead you, your teen, and your family towards resilience.

As parents and caregivers you want your teen to develop resilience. The good news is that, by promoting and fostering protective factors, resilience can be enhanced. Every individual and every family system has the capacity to reveal resilience, regardless of the risk factors that they face. Focusing on protective factors and positive influences can alter your response to adversity.

Brenda: "I know I did a good job, I know I am a good parent. I still wonder though if there is something missing."

It is important to recognize that the concept of resilience is fluid and will change and evolve. Resilience is not a permanent, predetermined state over which one has no control. Every individual and every family can develop and affect resilience. By promoting and nurturing protective factors and other influences that individual and families define as being health-enhancing, adversity can be addressed and resilience enhanced.

Risk and Protective Factors

Individual Risk Factors	Individual Protective Factors
<p>Physical trauma: Complications of pregnancy, labour and delivery (low birth weight, preterm delivery, prenatal exposure to alcohol and/or other drugs), brain damage (AADAC, 2002).</p> <p>Early aggressive behaviour.</p> <p>Early initiation of substance use: the earlier the age of initial use of substances, the greater the risk of problematic use during later adolescents and adulthood.</p> <p>Past physical, emotional, sexual trauma or abuse: substance use is often viewed as an adaptation for coping with overwhelming distress that may have resulted from experiencing or witnessing abuse or trauma (Najavits, 2002).</p> <p>Poor self-image/concept: needing to feel competent, important, and good are for all people, basic and important, affecting an individual's sense of worth and self-concept.</p> <p>Stress.</p>	<p>Strong personal self-concept, a sense of feeling important and capable.</p> <p>Belief in ability to achieve.</p> <p>Ability to impose personal boundaries and set goals and expectations for self.</p> <p>Resiliency development in the form of parental support plays a role in youth development and comes primarily from caring, communication, role modeling health and healthy decisions, parental involvement, in school and social contexts, and expectations and encouragement of ability and wellbeing.</p> <p>A sense of belonging (group, activities, within systems).</p>

Family Factors

Family Risk Factors	Family Protective Factors
<p>Lack of parental monitoring and supervision.</p> <p>Poor attachments: the more the parent child relationship is compromised the greater the chance of teens being influenced negatively by peer pressure.</p> <p>Many youth will suggest that they use substances to cope with emotional pain or to run away from distress, and have suggested that a caregiver attachment could have supported them to learn to regulate their distress as opposed to escape (AADAC, 2002).</p> <p>Lack of communication and understanding of rules and expectations.</p> <p>Family conflict.</p> <p>Positive attitudes about teen substance use: family and peer attitudes about substance use are strongly associated with adolescent attitudes towards alcohol and other drugs. Permissive attitudes increase risk of use and boundaries that do not support adolescent use can reduce risk.</p> <p>Parental substance use.</p>	<p>Attachment with caregivers, positive bonding.</p> <p>Emotional support, nurturing and encouraging home environment.</p> <p>Family communication that is open about issues and concerns.</p> <p>Parental monitoring and supervision: parental monitoring that recognizes teens whereabouts, activities, and friends, and that provides expectations of involvement at home and in family and extra-curricular activities can reduce the amount of time and space for involvement in problematic behaviours.</p> <p>Family role models, caring adults.</p> <p>Parental involvement in schooling.</p> <p>Clear, consistent and well understood boundaries and expectations: boundaries that are consistent and well understood communicate clearly what behaviour you would like your teen to demonstrate, it also expresses clearly what you will and will not tolerate, what you value, believe, and recognize as being safe and unsafe. Expectations that your teen is capable and competent communicates the possibility of them being able to achieve goals and have success with academics, peers, and family.</p> <p>Discipline: discipline that is not focused on punishment that is not too authoritarian nor too permissive but focuses on choices, logical and natural consequences can reduce risk of substance use.</p> <p>Inclusion in cultural activities and family traditions.</p>

School & Community Factors

School & Community Risk Factors	School & Community Protective Factors
<p>Academic challenges.</p> <p>Lack of connection at school with teachers.</p> <p>Lack of commitment to school.</p> <p>Lack of connection in community participating in extra-curricular or health-enhancing activities.</p>	<p>Involvement in extra-curricular activities: inclusion in school activities.</p> <p>Positive bonding with at least one adult in school environment.</p> <p>A caring, safe school climate that fosters inclusion and belonging.</p> <p>Expectations of high school achievement</p> <p>A safe neighborhood that values youth and demonstrates importance.</p>

Peer Factors

Risk Factor	Protective Factor
<p>Positive peer attitudes towards substances.</p> <p>Peer substance use.</p> <p>Peer pressure, rejection, bullying.</p>	<p>Peer relationships that foster healthy decision-making.</p> <p>Ability to implement personal boundaries within peer relationships and peer group norms.</p>

(Adapted from AADAC, 2002)

“Today, 8-18 year-olds devote an average of 7 hours and 38 minutes (7:38) to using entertainment media across a typical day (more than 53 hours a week). And because they spend so much of that time ‘media multitasking’ (using more than one medium at a time), they actually manage to pack a total of 10 hours and 45 minutes (10:45) worth of media content into those 7½ hours” (Kaiser Family Foundation, 2010).



It may be difficult as a parent to read through the list of risk factors and notice that your teen has one or more. Most teens do in fact have at least one risk factor. However, when teens have more than two, it's important to recognize that their behaviour may be attributed to either an internal or external stressor that is causing significant challenge. As a parent, you may look at the list of risk factors and be able to recognize one or more influences that you have had to contend with during your own childhood or at some other stage in your life. It may be hard to read through a list of factors that resemble painful and distressing influences that have caused some difficulty at certain points in your life or in your teen's life. The list of risk and protective factors is not meant to overwhelm you with further worries or concerns. There are a few primary themes within all protective factors that are foundational for influencing health: a sense of belonging, a belief in ability, and a sense of optimism. Take a look at the list of protective factors and recognize what you are already doing as a parent to nurture resilience in your teen.

Recognizing Resilience: Tips for Enhancing Resilience

- It helps to focus on wellness versus problems.
- You can build relationship with your teen and nurture relationships with other positive influences in their lives, such as grandparents, teachers, and coaches.
- The more we push, the more others pull away! The more we focus on decreasing a behaviour, the more the behaviour may increase.
- By focusing on positive behaviour we are communicating what we want others to do more of; by focusing on negative behaviour we are not communicating our expectations and hopes but our disapproval and disappointment.
- State expectations, ideas and instructions using positive language that describes the behaviour you are looking for.
- Look for what is right, what is working.
- We all need to feel significant, important and able. Create opportunities that suggest your teen is significant, important to you, and capable.
- Access support from family and community. It is difficult to support others when your own needs for support are unfulfilled.
- Look beyond the present to see how the future may be better. We cannot change the fact that crisis and stress will happen, but we can change how we respond.
- Pay attention to how you or your teen deal with difficulty. Notice even subtle indications that you or your teen are feeling better or are dealing with the situation at hand.
- Adversity may mean that some predetermined goals or expectations have to change. By accepting that some things will not change, we can shift our focus to what we can change.
- Resilience is strength on the inside. Nurture the inside by communicating to your teen through your actions and language that your teen is important and matters to you.



Reflection: Your Resilience as a Caregiver

As caregiver of a youth in relationship with substances, you are probably faced with significant adversity. However, despite the adversity, distress, and frustration you face, you are reading a book in order to try to continue to support your teen.

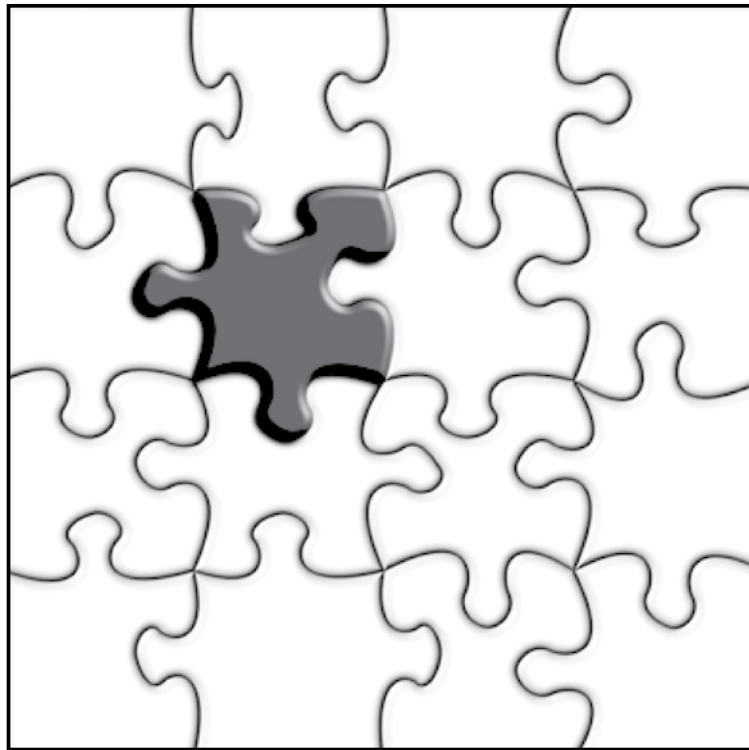
How have you as a parent demonstrated resilience?

What are the protective factors that exist in your life?

What else do you feel that you need in order to enhance your own resilience?

Reflection: A Picture of Resilience

Gathering signs that your teen is making attempts to overcome adversity can be like putting together pieces of a puzzle. When put together, this puzzle may create a picture that suggests health as opposed to distress. Throughout your teen's life there have been traits, skills, and abilities that they have demonstrated, and may be still demonstrating, or that have not been demonstrated for a while. Think of aspects of your teen that represent a skill, quality, gift, ability, or understanding. Add these to the puzzle to enhance your picture of what would show that your teen is capable of developing increased resilience. What protective factors have they had in life that could be beneficial for them to have again? What protective factors do they have now? Add these protective factors to your puzzle. When you put these pieces together, what do you see? What do you notice about your teen? Do they see the same picture of themselves?





**“Our greatest glory
is not in never
falling, but in
rising every
time we fall.”**

Confucius

Substance Use

Substance use may be influenced by a combination of biological, psychological, social, and spiritual factors.

Substance use may be a demonstration of an attempt to adapt to adversity.

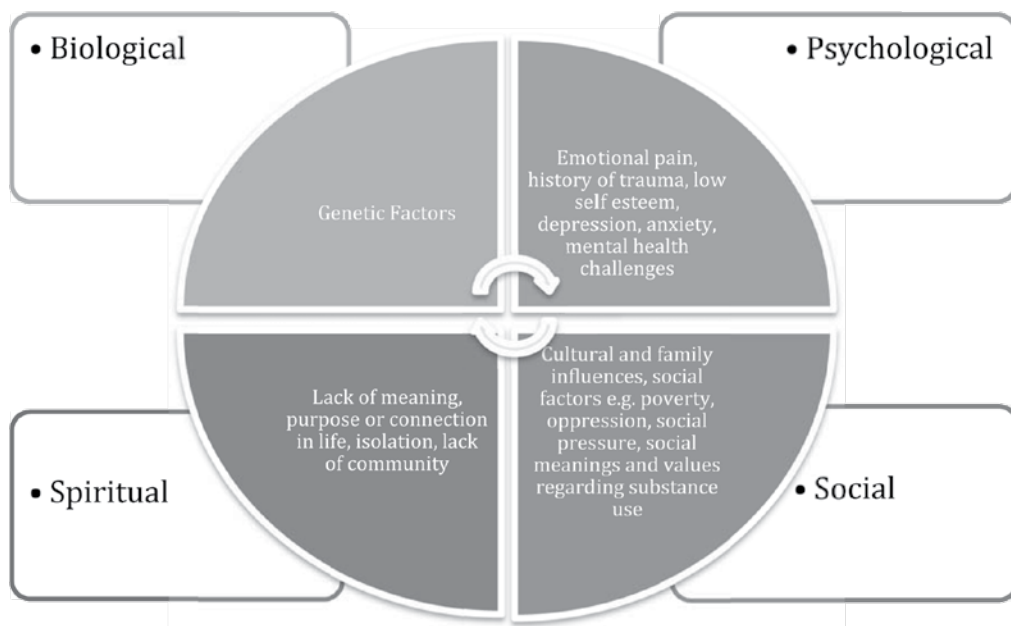
Most teens will experiment with alcohol and other drugs.

Dependency on substances is not necessarily an inevitable result of experimental or occasional use.

Moving from opposition to collaboration with your teen may mean matching your response as a caregiver to your teen’s readiness for change.

Substance Use: “I Feel like I am on a Roller Coaster”

Adolescent substance use is a complex, multifaceted issue that often includes numerous influences on biological, psychological, social, environmental, and even spiritual levels. Research has not been able to pinpoint one specific cause of dependence (such as genetics, trauma, learning etc.) but has been able to identify a number of influences that might contribute to the picture of why an individual might use or become dependent on substances. Many professionals view the use of substances from a biopsychosocialspiritual lens. This is a holistic lens for considering complex interactions within and around a teenager that can contribute to health.



You may be wondering, is your teen using substances because of a biological, genetic predisposition, as an adaptive strategy to cope with a past trauma or loss? Are they trying to fit in with a peer culture because they have not attached to other influences in life, like family? Are they attempting to self-medicate to deal with a mental health challenge impairing their mood or focus? Are they using because they experienced stress in utero and have a lower level of dopamine receptors in the brain? We could go on!

It is difficult to determine exactly why your teenager is using substances. It is unrealistic to assume that we can fit individuals and unique youth into boxes that would concretely explain why they have deviated from our social expectation of health. For many young people it will be difficult to pinpoint why they use substances. Trying to determine a precise cause and effect for your teen's behaviour may cause some frustration, guilt, and sadness.

What would happen if for a moment you shifted focus from the ‘problem’ of substance use to the concept of resilience? Consider any way in which your teen may be demonstrating anything that might suggest that s/he wants to participate in the world. We can be quick to look at the use of substances as a problem that leads to negativity, non-compliance, or even death. What if we start to look for any signs that indicate that your teen wants to be in this world but has lost a way of doing this within healthier constructs. If we move from “How can you do this?”, to “What does this do for you?” we might begin to gather pieces of a picture explaining not only why your teen is using, but how s/he can begin to change that usage.

Let’s put together a picture that provides an image of the qualities, traits, and abilities that could support your teen to move through the distress that they are experiencing, or that might shift the focus from problem behaviour to glimmers of resilience amidst problem situations. Realistically, you may find it difficult to find a quality that suggests strength or resilience within the conflict, the substance use, and the disconnection that you may be facing. If this is the case, consider that the use of substances may be the sign of resilience that suggests your teen wants to survive and participate in the world.

Some youth will use substances in order to exist despite historical losses, trauma, distress, current stress, peer exclusion, or family conflict. Some youth will use substances as a way to adapt to emotional distress so that they can function despite overwhelming emotions that they may perceive as being too much for them to bear. Professor and researcher, Dr. Michael Ungar, suggests that, for some youth, what society would define as dysfunction may actually be an adaptation that helps them to survive dysfunctional circumstances and stressors. It may feel uncomfortable or conflictual to reframe the use of substances within this adaptive lens. However, for some, substance use may be a way of acknowledging a desire to live while experiencing challenges. Shifting focus from problem-saturated dialogue and redirecting awareness and discussion towards strength, courage, coping, and survival can help us recognize small signs of resilience.

For some parents, looking at strengths may simply mean acknowledging that your teen is still in school, is coming home on time most nights, is eating healthy food, is playing basketball, has hopes of finding a job, or has created a resume to find the job. These strengths suggest that hope exists; they reveal a desire to participate in life in a way that involves healthy and socially constructed acceptable traits of wellbeing as opposed to socially constructed unacceptable traits of failure. When we as parents begin to move into acknowledging signs of resilience in our teen’s life, we may be more inclined to focus on these with our teen. We may then experience a renewed sense of hope as opposed to despair about the trajectory of our teen’s development. What has been seen as dysfunctional or as a disorder may be otherwise interpreted as an adaptation to cope with stressors.

Focusing on problem-saturated dialogue interferes with the development of healthy identity. As Dr. Ungar says, for some youth, the “potentially self-destructive pathways to tenuous but healthy identities bring...a sense of meaning, purpose, opportunities for participation in social action, a sense of belonging and attachment, recreation, financial stability, personal and social power, social support, and even basic necessities like food and shelter”. For some youth, what society would define as dysfunction may actually be a way to survive distressful circumstances and stressors.

Continuum of Use

Most youth will experiment with alcohol and other drugs with little harm or consequence. According to the Canadian Centre on Substance Abuse (CCSA), up to 80% of Canadians 15 years and older will drink alcohol without harm. The use of substances can be considered along a continuum of severity. Many youth will experience the experimental stage of the continuum and stay with little consequence. Some youth will experience other stages such as problematic use or dependence. As use increases in severity, choice and control decrease. Youth tend to move along the continuum of severity, increasing risk, quicker than adults. However youth also tend to reduce severity and risk quicker than adults.

A small portion of youth who experiment with substances will actually develop dependence. Dependence is not necessarily inevitable when youth experiment with or occasionally use alcohol and other drugs.

For the purpose of this workbook, the term ‘dependence’, as defined by Dr. Gabor Mate will be characterized by:

1. Compulsive engagement or preoccupation with the behaviour;
2. Impaired control over the behaviour;
3. Persistence or relapse, despite evidence of harm, and
4. Dissatisfaction, irritability or intense cravings when the object (drug or activity) is not immediately available.

All substances create an altered physiological state in the brain. Drugs influence the way in which we think and feel by attaching or locking onto receptor sites in our brains. These receptor sites interact with our brain’s chemical messenger systems, neurotransmitters, which are responsible for communicating functions in the brain.

Dopamine is a neurotransmitter that is activated by all abusable substances. Dopamine is released in the brain to reinforce survival behaviours related to food and sex. Increases of dopamine in the brain sets off feelings of excitement and elation, which positively reinforces the continued use of substances. Dependence, whether to a drug or non-drug behaviour (video games, internet, gambling, shopping) share the same circuits and chemical responses in the brain.



**Continuum of Substance Use: Adapted from Core Addictions Practice (2008)
& Joint Consortium for School Health (2009)**

Stage	Substance Use
Beneficial Use	Pharmaceuticals, coffee/tea to increase alertness, moderate consumption of red wine, ceremonial use of tobacco. May be for health, spiritual, or social reasons.
No Use	Personal choice, religious or cultural beliefs, health related concerns.
Experimental Use	Use is often only on weekends, limited to first couple of times. Use may be a result of curiosity, peer pressure, desire to experience new feelings. Curiosity, peer pressure, to rebel. Motivated by curiosity.
Occasional/ Social Use	Occurs one to three times per month or less, or on specific social occasions.
Regular/ Situational Use	Use becomes more frequent and may be weekly or even daily. Sometimes occurs during the week, before school, lunch breaks. May occur during certain situations. Sometimes stronger substances are tried. Person still using substance in a controlled manner. Becoming fairly integral part of person's life. Friendships are developed with people who are using.
Intense Use	Use tends to become excessive, begins to move into higher doses due to tolerance, or trying stronger substances or combining substances. A habit or pattern of substance use is developed and becomes the norm around which activities must revolve. Use becomes a lifestyle preference to cope with the negative symptoms of withdrawal or to avoid stress, feelings, responsibilities, family and other relationship conflicts (which have become increasingly frequent due to use). Work/school performance/attendance drops. Development of legal and financial problems as well as reputation. Compromises personal values and/or health.
Compulsive Use	Substance use becomes a preoccupation, and is the centre of any interaction. Inability to predict or control drug use. Periods of abstinence then to be short lived and very traumatic. Activities other than drug use are avoided. Extreme intoxication is common. Previously unthinkable methods of using the drugs become possible. To feel acute chemical intoxication. To avoid both physical and psychological pain of withdrawal. To feel normal. To be able to function. To forget. Serious negative consequences arise in many areas of life. Person has difficulty understanding and accepting that drug use may be cause of many problems. Physical problems: Weight loss, blackouts, sickness, uncontrollable behaviour like aggression, extreme feelings of guilt and self-hate, illegal activities. Avoids school, work, family, friends.



Stages of Change

The stages of change model, developed by psychologists Dr. James Prochaska and Dr. Carlo DiClemente, is a well-known model within the addictions field. It is a way to explain the process that some people move through as they consider and decide on the changes that they should, need to, or want to make in relation to their use of substances. As a caregiver, you may have noticed your teen moving through the various stages. What we know about change is that often an individual will move through various stages a number of times before being able to maintain change. Each attempt to maintain change will provide new perspective and new learning that may cause the change to stick. A young person may move through the stages an average of seven times before maintaining.

Relapse is often a part of the process of change. This means that often individuals will make changes and then, for various reasons, begin to use again, or relapse. Relapse should not be thought of as a 'failure' but as a new opportunity for learning. The stages of change are not linear, meaning that even though someone may relapse, there is a good chance that they will once again begin to move through the stages and will once again make change.

Change may not mean the same thing to all members in a family. Your teen may be focused on abstaining from alcohol and reducing marijuana while continuing to smoke cigarettes. Although this may not fit with the hopes of parents, which usually would be abstinence from all substances that are affecting health, not all teens will or want to abstain from all substances.

It can be helpful for you to identify where your teen is in terms of change and then to match your own responses with your teen's use of substances. This may move you and your teen into a position of standing alongside each other as opposed to against or away from each other. By matching your responses to your teen's stage of change you can avoid creating defensiveness and disconnection. Instead, you can nurture connection and awareness that may be a factor in supporting your teen to consider some degree of change.

This stages of change model is only one theory for understanding change. There are other useful ideas, existing and emerging, for recognizing change. This particular model is a long established, practical tool that may help to provide some frame of reference for understanding your teen's process of change.

Rick: "How many times are we going to go through this before things change? We go from talking about him needing to stop, to him talking about how he doesn't care anymore, to him disappearing for days. I know he is in pain, I know he hates his life right now. I don't know how to help him out of this."



Stages of Change

Precontemplation Description	Parenting Approach
<p>This is the earliest stage of change in which your teen is using substances and is either unaware or unwilling (for perhaps a variety of reasons) to make change. At this stage your teen may be defensive about making change and may be focused on the positive aspects of their use as opposed to the negative.</p>	<p>Increase opportunity to begin imparting information by first spending time listening, expressing empathy, and providing gentle feedback.</p> <p>Reduce defensiveness by providing many options for change, support and use (reduce, abstinence, continue) as opposed to directing to only one option.</p> <p>Express hope and optimism about your teen's capacity and ability to make changes.</p> <p>Build confidence by focusing on creating small changes, recognizing the success of each.</p> <p>Ask your teen to share with you their ideas about the "good things" related to their use of substances—listen carefully. Ask your teen to share with you their ideas about what are the "not so good" things about their use.</p>

Contemplation Description	Parenting Approach
<p>During the contemplation stage your teen may be beginning to recognize that s/he has a problem and might start thinking about making changes. They may be more aware of the issues associated with use, but may be reluctant to commit to making change or unsure. It is possible for individuals to spend long periods of time in contemplation, weeks, months etc.</p>	<p>This stage suggests that your teen is beginning to acknowledge the possibility of change. It can be a stage that presents 'hope' following the reluctance and defensiveness of the pre-contemplation stage.</p> <p>Continue to draw out ideas about the "not so good things" or risks of continuing to use as they are and the "good things" or benefits of making change.</p> <p>Continue to demonstrate attentive and uninterrupted listening.</p> <p>Highlight strengths and refrain from criticisms, blame, guilt.</p> <p>Focus on encouragement, optimism, and the notion of possibility and hope.</p>

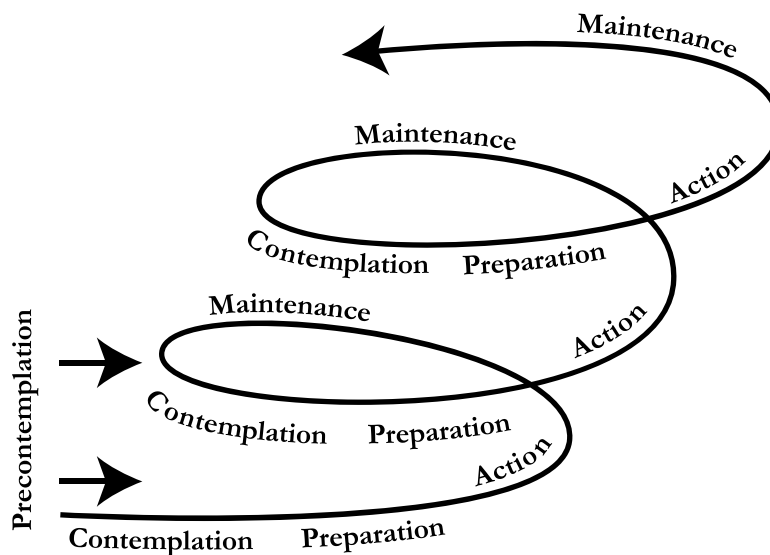


Preparation Description	Parenting Approach
<p>During the preparation stage your teen may begin to consider plans to support changes. At this stage your teen is open, ready and willing to make change in the near future.</p> <p>Be patient and understanding about how difficult it can be to commit to change.</p> <p>At this stage some people resolve that they are still unsure of their willingness or ability to make change and may return into contemplation before moving into action.</p>	<p>This is an important stage as it is when your teen demonstrates commitment to change by coming up with action steps to make the change happen. At this stage some people resolve that they are still unsure of their willingness or ability to make change and may return into contemplation before moving into action.</p> <p>Support your teen to come up with smaller achievable steps for change and then focus on the success of these accomplishments.</p> <p>Draw out from your teen their ideas about how change happens and ask them to be the author of the change plan they feel would be a fit.</p> <p>Provide options and support your teen in choosing options.</p> <p>Provide nurturing feedback, encouragement, and offer support if your teen asks for specific needs (a ride to detox, coming to first counselling session).</p>

Action Description	Parenting Approach
<p>During the action stage your teen may be intentionally making changes by addressing his/her use of substances. At this stage your teen implements a plan and begins building momentum and making decisions and efforts that change his behaviour.</p>	<p>Demonstrate careful listening and willingness to hear the difficulties related to making changes (loss of friends, urges to use, emotional responses).</p> <p>Provide assurance and encouragement.</p> <p>Be available to talk about adjustments that might need to be made in terms of planning or challenges that come up.</p>

Maintenance & Relapse Description	Parenting Approach
<p>During the maintenance stage your youth is actively sustaining change for a period of time. This stage is important to focus on as it is what supports the efforts that make action stick and prevent relapse.</p>	<p>Maintenance can be a challenging stage and can last for many months to years as your teen navigates continuing peer pressure, temptation, triggers to use, stress, social influences etc.</p> <p>Recognize that many people do move through the stages several times before change is maintained, and that should your teen “slip” it may not be a relapse but rather a lapse – a learning opportunity that moves him or her. Some youth will relapse and should this be the case with your teen recognize what stage of change they have moved into and respond accordingly. When youth relapse, they will often move through the stages of change again, with increased success from the previous experience. Remember, you have moved through these stages with your teen before, and not only have they demonstrated capacity to change, but you have demonstrated capacity to support your teen while they have made changes. Keep going and try again.</p> <p>When youth lapse or relapse, they are often faced with a sense of shame, disappointment, or guilt. Provide reassurance, nurturing identity by focusing on their ability to learn and grow as they navigate each stage.</p>

While the stages of change are presented in a linear, straight-forward direction, change is often not a linear process. The stages of change can be thought of as a multi-directional model for considering how your teen moves around and through difficult decisions and actions to address their involvement with substances. As teens move through change they often learn a lot about themselves such as, their needs, their hopes, their strengths, their internal and external resources.



Treatment

Families play a major role in supporting and taking care of teenagers who are looking to make changes in their relationship with substances. Although they may not express this and at times seem not to want it, many teens rely on their families to help them cope with challenges to their emotional, mental, and physical health.

After learning about your teen's use of substances, one of your first action-related responses may be to look for treatment options. There are a variety of different treatment options available, ranging from outpatient counselling to inpatient residential treatment. Treatment needs to be considered on an individual basis and tailored to fit the unique needs of the youth and family. As with parenting approaches, there is no one 'cookie cutter' response to address substance use. Furthermore, 'treating' substance use is not immediate, nor does it always mean abstaining from alcohol and other drugs. Addressing substance use is often a process that unfolds and develops over time, based on the foundation of strong relationships with family, social, and professional networks.

Although you may feel the urge to connect your teen to a treatment resource immediately, be mindful of your own emotional process and your teen's readiness. Move into relationship by pulling out your teen's own ideas of next steps in terms of addressing their use. With support of parents and other family members most youth are able to take an active role managing their substance use and making changes that allow them to live a healthy and productive life.

An important part of supporting your teen and providing assistance in making and maintaining changes includes working collaboratively with his or her support team and the professionals involved in their care. You are the expert in terms of knowing who your teen is and what strengths and difficulties might be important to recognize as they make their way towards achieving their goals. You are also an advocate for your teen and take care of him or her by ensuring that the services involved are meeting needs in a manner that is in line with the expectations of your teen and the rest of your family. Families are usually the first to notice when things are not quite right with a teenager.

Recognizing Resilience: Tips for Responding to Use of Substances

- Account for adolescent development, risk and protective factors. View the use of substances within the context of adolescent development and recognize the risk and protective factors that may be influencing the degree and severity of use.
- Find ways to connect on a relationship level before moving into discussion about the use of substances. Draw out your teen's ideas regarding the use of substances. Engage in conversation that helps your teen name the benefits and risks of use. As we have reviewed, many people will use substances to fulfill some form of emotional, mental, spiritual, and/or physical purpose. Try to understand through active listening what the specific purpose or purposes are for your teen. By taking this stance of curiosity, you have a better chance of being in a position to understand your teen's needs and to begin conversation about other ideas they have that may fulfill these needs.
- Involve your teen in the development of goals and ideas of change. Increase your teen's capacity for being able to create wellness by honoring his or her own ability to define what change might look like, and how it might be achieved. This comes by taking a nurturing stance that draws out their thoughts and encourages them to own the success that could come from setting a goal and making it come to fruition. Many youth will have to try a number of times before making a particular change stick. When you continue to encourage them and provide opportunities, they learn about how to solve problems and increase their resiliency in dealing with adversity. As a caregiver, you can provide encouragement, positive feedback, and demonstrate a belief in their ability. This will be crucial for continued motivation and will be the mirror through which teens see themselves enhancing belief in their capacity.

Reflection: Adolescent Substance Use

What influences do you think contribute to your teen's involvement with alcohol or other drugs?

What would your teen say are the good things about the use (e.g. social acceptance, coping, managing anxiety...)?

What would your teen say are the not so good things about the use (e.g. conflict, dropping out of school ...)?

What stage of change or readiness do you think that your teen is in?

What can you do to match your responses to your teen about the use in order to match his or her stage of change/ readiness?

What gets in the way for you of being able to match your teen's stage of change/readiness?

How you can you begin to manage this?



“Your real influence is measured by your treatment of yourself.”

A. Bronson Alcott

Emotions of Being a Caregiver

Adolescent substance use can have a significant emotional toll on caregivers.

Caregivers may experience grief and loss. Emotions are natural.

Managing emotions often means recognizing when they surface and honestly acknowledging their impact, their meaning, and their underlying cause.

Self-care can include a number of options.

Emotions of Being A Caregiver: “This is hard”

Loving a teen engaged in relationship with substances can be terribly sad. Caregivers see the emotional, physical, and mental effects of substances on their teens and witness consequences such as physical damage, social exclusion, shame, guilt, and other difficult impacts. Many caregivers find that they grieve the losses incurred by their teen and the loss of relationship and connection that substance use can create.

Sometimes it can be helpful to view your own emotional process by reflecting on stages of grief. Reflecting on stages of grief may provide validation for emotional responses and may provide a sense of connection by recognizing that others are able to relate, or have experienced shared emotional responses. Knowing some characteristics of the different stages of grief and loss may help you to recognize that your emotional experience is natural. It will also reinforce the idea that it is important to grieve your losses and recognize that they are a part of a process of healing. When acknowledged, this may lead to some emotional relief.

The model for the stages of grief was originally developed by Dr. Elisabeth Kubler-Ross in 1969 as a way to explain and validate the emotions of grief related to loss, specifically death. The intensity of having a teen use alcohol and other drugs and consequences associated with their use can resemble loss. Loss of control, loss of innocence and loss of hope can all be reflected in emotional responses that others who have experienced loss may be able to relate to.

The stages of loss as they relate to substance use should be interpreted loosely as every individual is different, just as every situation is unique. The stages are not linear; they can be fluid, and caregivers may find that they move throughout the stages a number of times, or sit in one particular stage for a length of time. There is no right or wrong way to grieve the losses you may have experienced or may be experiencing. According to the Centre for Addiction and Mental Health, grieving losses allows caregivers to come to terms with changes in their teen and to redirect their focus toward the future.

Susan: I know what I have to do, but I don't know how to make it right in my head. I have enough information, understanding of psychology, and resources to know what to do. I realized, though, that this information has been a way for me to deal with my own stuff. I talk about me from the 3rd party. But now, now I am just sad, just really sad”

Melissa: “It is just hitting me now that my son is gone, that his situation is worse than I thought it was. I keep trying to make up stories about how he is, why he is not calling me or coming home, but the truth is - he is doing drugs. It has been easier to pretend that nothing was wrong”



Stages of Grief

Description of Shock/Disbelief	Self-Care
<p>You may react to learning about your teen’s use of substances or the severity of that use with numbed disbelief. It may be hard to admit that your teen is using drugs and as a result you may deny the reality of the situation in order to avoid painful and overwhelming emotions. Sometimes it may be hard or scary to admit that things need to change and some parents may ignore the problem.</p> <p>For some parents, acknowledging that their children may be experiencing a problem can be difficult as it may bring up more deep rooted issues from their own childhood or adolescence.</p> <p><i>“My teen is going through a phase.”</i> <i>“It’s okay, things are fine.”</i></p>	<p>Talk out loud to people who you trust and are close to. Share with them your worry or concern and say it rather than pushing it down for fear, anger, or embarrassment. Our response must change when we put an honest voice to our concern.</p> <p>Find space to sort out overwhelming emotions and ways that allow time to think and process, whether this is by writing in a journal, doing art, or going for walks outside.</p> <p>Be kind to yourself.</p>

Description of Bargaining	Self-Care
<p>In an attempt to avoid continued harm and consequences of substances caregivers might seek alternatives, create hopeful plans, & everything would be better.</p> <p>Bargaining can act to keep caregivers from accepting hard realizations.</p> <p>“If I get him into treatment everything will be okay.”</p> <p><i>”If I try harder to get through to her, she will realize how drugs are affecting her.”</i></p>	<p>Examine your thoughts realistically.</p> <p>Catch yourself imagining worst case scenario and consider another scenario.</p> <p>Create balance in your focus from what is going wrong to what is going right.</p> <p>Be gentle on yourself</p>

Description of Anger	Self-Care
<p>Anger is a natural emotion but when coupled with loss it may look like blame, or lashing out. Anger can surface when we feel a loss of control, but if we look at what underlies anger we may recognize fear.</p> <p><i>“Why has this happened to my family?”</i> <i>“He has wrecked my life.”</i></p>	<p>Acknowledge your anger, recognize who you are angry at (your teen, yourself, your partner, your family).</p> <p>Recognize what is underneath your anger- fear that stems from a love for your child. Reframe your anger. “ I am so worried about my son because I love him and I want him to be healthy.”</p> <p>Deal with your anger in ways that are safe for yourself and your relationships. This means finding ways to express or release that are not harmful to yourself or others (journaling, writing letters - send them or not - exercising, creating art).</p> <p>Set a boundary.</p>

Description of Sadness	Self-Care
<p>You may begin to feel the significance of your situation and the sense of loss that you are experiencing with your teen.</p> <p>You might find that you are isolating yourself or feel that there is no one to relate to or who understands.</p> <p><i>“I am so disappointed. He had such potential and is throwing it away.”</i></p>	<p>Acknowledge your sadness.</p> <p>Distract yourself by being active, engaging in an activity that changes your focus.</p> <p>Be social -sometimes it can be hard to pick up the phone and call a friend or family member, but it is important to surround yourself with other people who may be able to provide comfort or take your mind off of the consuming worry and sadness you are feeling.</p> <p>Nurture yourself with a bath, massage, haircut.</p>



Description of Acceptance	Self-Care
<p>At this point you may be feeling that you have come to terms with the situation and are dealing with the reality of it. This doesn't mean that you are okay with the situation; it means that you are beginning to move forward.</p> <p><i>“I recognize my teen has a substance use issue and feel very sad about it. I need to take care of myself and then figure out a way to help him with the support he needs.”</i></p>	<p>Create meaning. Some people believe in a greater life purpose or significance of life's challenges. Think about your beliefs and values.</p> <p>Reflect on your sense of purpose in life, your sense of belonging and connectedness.</p> <p>Focus on what gives you hope and what helps you to cope.</p> <p>Seek wisdom from your past experiences that will support you in future scenarios.</p> <p>Create a new story for you and your family's future.</p>

(Adapted from Families Care, CAMH, 2008).

Reflection: Grief and Loss

Many parents describe experiencing grief when influenced by their son or daughters involvement with substances. Some parents grieve a loss of relationship with their teen, some parents experience loss related to hopes, dreams, control, safety, even loss of confidence in parenting. How we experience loss (shock, bargaining, anger sadness, and acceptance) may influence some of our responses to our teen. Grief and loss can ignite strong emotions, realizations, and perspective.

What have you noticed in your own experience of grief and loss?

How have different aspects of grief shown up for you (shock, bargaining, anger, sadness, and acceptance)?

How might different aspects of grief show up in your involvement with your teenager?

What do you value about yourself during this difficult experience?



Reflection: The Story of You

The chapters within the story of our life are often filled with life lessons, situations, and experiences that influence our current responses and perspectives. Creating clarity and confidence in how we respond within our present story may mean reviewing previous chapters and linking them to the chapters we are planning on writing in the future. Some of our experiences in the past may help us to write stories that we feel good about, while others may influence us in a way that we would like to change.

What are the chapters in your own life story that have influenced how your story reads today?

If you were to write the next chapter in The Story of You, what would you like it to say?

What do you need to do for you in order to close the book on chapters in your past that may be challenging how your future reads?

Managing Emotions

Emotions guide mood, behaviour and personality, and temperament. Caring for a teen who is using substances can disrupt your own health and affect your physical, emotional, and mental wellbeing. It can influence sleep, nutrition, sickness, and interpersonal interactions with others. The toll of caregiving can be highly emotional with real and significant impacts on mood, behaviour, and perception. Although you may try to hide or avoid difficult emotions, your awareness of the emotions that arise during this time can affect your ability to cope. By being able to articulate your own emotional experience you may be in a position to decide how you will cope with the challenge at hand. Honesty and awareness of the emotional impact of caregiving will increase your ability to respond to and reduce the distress and exhaustion that emotional upheaval and stress can cause. Emotions can be managed; they can be tolerated, and they are temporary.

Emotions play an important adaptive role. They work as a gauge advising us of how our internal and external world is doing and let us know when we need to make changes. They can vary in intensity and sometimes may be disregarded until they become too much to bear. It's easier to manage emotions when you are first aware of them or when they are less intense.

Emotions can be confusing and overwhelming. A number of emotions such as anger, fear or sadness may surface during any given situation or event, particularly when dealing with your teen. Some emotions are secondary while others may be more primary and more primal. Secondary emotions often mask primary emotions and can confuse the way we identify and understand our reactions and responses. Often as it relates to substance use, anger may mask fear and anxiety may mask sadness.

Suzanne: "I don't have my smile, I don't have my laugh. I am normally a very positive person for the most part but this is draining me. I hate to give up on my daughter but I am tired. I just want to go away by myself. I want to get back to myself. I am taking on her energy and putting it on everyone else around me. I don't want to do that. I am worried that I am going to go into depression. I am binge eating because I am stressed. I need something to mellow me out. It is getting hard for me to not drink, to not buy a pack of cigarettes, but I know I can't."

"No feeling is final." Rainer Maria Rilke

Determining the primary emotions you are experiencing can get to the heart of understanding. This can help you to formulate an appropriate response to manage and cope with your feelings. For most caregivers, what lies underneath is love and desire for connection. Sometimes understanding that your anger, guilt, and blame are actually masking intense love and vulnerability can shed light on why these secondary emotions are so strong and prominent. Recognizing that you desperately love your child and are worried about his or her wellbeing can reframe anger and other emotions and move you and your child back into relationship and resilience as opposed to disconnection and conflict.



Considering Emotions...

Notice what is going on for you internally. Recognize the emotions that surface when thinking about your teen and his or her drug use. Notice what you are feeling so that you can begin to manage how you respond to this feeling.

Honesty & Authenticity

Being authentic means honestly acknowledging emotions and responses that exist, without excuses, justifications, or rationalizations. By honestly articulating your emotions and your emotional responses you may recognize the option of having choices. These choices will either perpetuate your emotions or lead to decisions that will change your emotions and your responses to them. By honestly acknowledging your emotional states and the ways in which situations are affecting you, you may be able to see an option of growing and evolving, of coping and managing.

Being authentic and honest is often hard work. It requires facing difficult realizations and taking responsibility for your choices. Through honest reflection, acceptance, and acknowledgement of where and how we stand within situations, we begin to move through stuckness and gain freedom to identify and deconstruct self-imposed and external constraints. When we give ourselves permission to shed pressure to be or not be, for example, perfect, financially stable, brave, or emotional, we open space within our lives to acknowledge our genuine needs, abilities, and desires while tapping into existing internal and external strengths. Psychologist Dr. Lisa Najavits recommends that in the face of adversity and distress we should choose the path of self-respect, which means choosing the path that will make you like yourself tomorrow. Choosing a path that is authentic means choosing a path that is best for you and your family, a path that is built by your values and beliefs, and that holds true to who you are as a person, and to the true meaning that you assign to your life.

Self-Care: Dealing with Emotions

Sometimes when trying to care for your teen, personal self-care can seem like an impossible luxury. The thing about self-care, though, is that it recharges our emotional and mental health and allows us to have the capacity to face distress and challenges. Without self-care, we can quickly become overwhelmed, run down, and emotionally exhausted.

As caregivers, sometimes our first response to our children's distress is to blame ourselves or feel guilty. The weight of this blame and guilt can at times be paralyzing and evoke feelings of fear as we worry about not being able to stop our loved one's potentially destructive path.

Sean:

"I am working on my own crap. My stuff is no longer reflective of how I respond to my daughter. I started working on myself and as a result there has been a difference in our relationship."



Instead of focusing on negative assumptions of what you are doing or not doing as a caregiver, focus on what is working. Focus on aspects of relationship you have nurtured, moments and situations in which you have created safety, and helpful characteristics and skills that you have imparted to your children. These characteristics and skills may ultimately be key tools in supporting their resilience. Praise yourself as a caregiver; notice what you have done right and continue to grow with what has worked and is working.

“Our ability to cope with difficult experiences including thoughts and feelings, has everything to do with how well we are taking care of ourselves, or our level of awareness if we aren’t.”
(Folette & Pistorello)

The following is a list of ideas for self care:

Self Care		
Maintain sleep hygiene (8 hours a night)	Play/listen to music	Photography
Eat three meals a day	Walk/Run	Yoga/Stretch
Drink water	Talk on the phone	Breathe/Meditate
Exercise	Go for tea with a friend	Watch a movie
Read	Take vitamins	Cook
Journal	Create art	Ride a bike
Go fishing	Go to the doctor/dentist	Get your hair done
Garden	Swim	Go Camping

Support

As a caregiver, most of your energy has probably been going towards supporting your teen. You may have sought out support for yourself and may have found certain people more helpful than others. You may have desired to share your distress, yet have been concerned about judgment, shame, criticism, unsolicited advice, and other discouraging influences. It’s important to remember that you too have needs for connection and that good support can be helpful in reducing the stress and emotion that you are carrying on your shoulders. Support can be either informal, such as the support you receive from a friend or a family member, or formal, such as assistance from a counsellor or doctor. When looking for support, choose people who genuinely care about you, people you can trust. Ideally, your informal supports should be people who can empathize with you, affirm your strengths, treat you with love, honesty and humour, be able to have fun with you (e.g. laugh, dance, play), be open-minded, accept you without judgment or blame and support and encourage your capacity and ability.

Some parents and caregivers might feel that they have no one in their life who is able to give them the support that they need. If this is the case for you, reach out to someone you may have not reached out to in the past, or join a group to expand your social network. It’s important not to be isolated as you parent. Parenting is a difficult job and one that usually requires many layers of people.



Recognizing Resilience: Tips for Managing Emotions

- Be mindful. Pay attention to what you are feeling and why you are feeling that way.
- Acknowledge primary and secondary emotions.
- Deal with emotions when you become aware of them; the lower the intensity the more manageable they can be.
- Be honest and acknowledge the emotion.
- Accept the emotion - try not to suppress or deny the emotion.
- Consider what the emotion means, what it is communicating to you.
- Cry.
- Seek understanding as opposed to blame, shame, and guilt.
- Ask for help. Reach out to someone.
- Remember that your fears, anxiety, and sadness about your teen's use and behaviour are valid. However, if your responses are framed by these emotions, your teen may be less receptive, and you may feel bleak and powerless. Move into a place of power over self and situation by framing these emotions in their most primary level. For example, frame your anger into fear, your sadness into love for your teen, and your anxiety into hope for his future. When you focus on what is driving your emotional responses your teen may not hear blame, guilt, anger, but may recognize that the core of your efforts has always been and will always be driven by love. It is this unconditional love that only you can provide and that will be what moves the relationship back into line. It will express to your teen, regardless of whatever decisions they make about substance use, that you will be the one who will be emotionally available to them, and will be the connection that will bridge the transition between childhood and adulthood.

Reflection: Considering Self Care

What do you like to do for self-care?

Describe a time you felt joy. What were you doing, who was involved?

Describe a time when you experienced helpful support. What was it about you and others that influenced this and how did it impact you?

What challenges get in the way of your self-care?

What is one thing that you can begin to do to address these challenges?



Reflection: Miracle Questions (Insoo Kim Berg & Steve de Shazer, 1988).

Based on work by Steve de Shazer and Insoo Kim Berg (1988), this question can be used to imagine possibilities beyond the confines of an overwhelming concern or ‘problem’.

Suppose one night while you were asleep, a miracle happened and the issues or concerns that brought you to this book were resolved. When you woke up...

- How would you know that something had changed?
- How would you be thinking, feeling, acting?
- What would you be doing differently?

Provide as much detail as you can to describe what your life would be like after this ‘miracle’ happened...

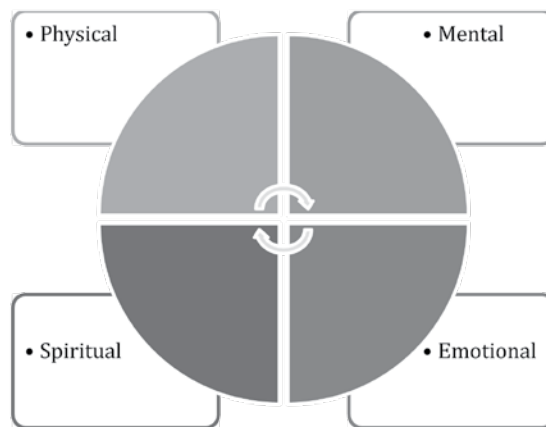
Read over your description and pick out one small step that you might be able to take in order to make this miracle a reality.



Reflection: A Balanced Picture of Self-Care

Self-care that attends to your physical, mental, emotional, and spiritual needs can rejuvenate and refresh during times of distress and challenge. It is by practicing regular balanced self-care that caregivers can maintain more energy, patience, reduced stress, and better health while enduring the challenges of raising a teen.

I am currently doing the following on a regular and committed basis in order to take care of myself and strengthen my wellness.



What areas of the wheel do you feel you should focus on or develop?

What areas are more difficult to address than others?

Are there other areas that you would like to add in order to create a more balanced picture of self-care?



“It’s not only children who grow. Parents do too. As much as we watch to see what our children do with their lives, they are watching us to see what we do with ours. I can’t tell my children to reach for the sun. All I can do is reach for it, myself.”

Joyce Maynard

Your Role as Caregiver

Numerous influences may contribute to whether parents are over-involved or under-involved in their teen’s life.

Encouraging a teen’s capacity means developing mastery.

Mastery involves including teens in decision-making and problem-solving.

Parental expectations may contribute to disconnection in relationship with teens.

Understanding Yourself as a Caregiver: “I Just Keep Digging”

Your approach as a caregiver is a fluid evolution based on historical learning, cultural beliefs, values, people, exposure and hands-on experience, and has been affected by numerous moments, situations, and events. Your role as a caregiver will continue to evolve throughout the long-term. Understanding what factors have influenced your approach can increase your sense of control over how you want to continue to parent and what you need to do in order to have this happen.

Involvement & Over-Involvement

Involvement in your teen’s life is crucial. Involvement means that you care and believe that your teen is important. Involvement expresses commitment to safety and relationship. Involvement, however, does require balance. Over-involvement can communicate anxiety about your teen’s capacity and stress about their ability to manage in the world. Under-involvement can communicate a lack of importance and significance, a disengaged connection within relationship.

Finding a balance of how you are involved in your teen’s life can be a difficult act that is influenced by your internal responses to your past, to external responses related to how you view the world, and to relationship challenges with your teen and other family members. Parenting approaches can be seen to exist on a continuum that ranges from being under-involved to being over-involved.

Under-involvement in parenting might suggest that a caregiver has detached emotionally and might come about because of a caregiver’s own emotional response to stress, hurt, fear, family of origin, or life events. Under-involvement might lead to teens becoming peer-attached, influenced by social expectations as opposed to parental expectations, and experiencing a decreased confidence.

Over-involvement might look like anxiety, rigidity, fear, and hyper-vigilant approaches to maintain safety and control in the teen’s life. Over-involvement can also be a manifestation of stress, fear, anger, family of origin issues, or life events. Over-involvement might lead to a teen experiencing over-dependency, anxiety, and a decreased capacity to believe in and act on their ability to become independent.

Raising a teen can be stressful and significantly challenging which means that being over-involved or under-involved can look different in different situations. It might change depending on your own or your teen’s emotions or behaviour. Caregivers who are overly involved or too strict, or who are under-involved and too detached, may not be able to influence adaptive behaviour and relationship. A balanced involvement expresses interest and care and provides the context to implement realistic boundaries and expectations.

Your teen’s relationship with substances may influence your involvement as a caregiver and affect the way in which you respond to your emotions (concern, sadness, exasperation, anger, fear). Despite influential emotions and the responses that may result, it’s important for caregivers to find a balance within their relationships with their teen and other family members. Allowing some independence teaches capacity and expresses a belief that teens are capable of becoming autonomous. It also increases the teen’s ability to learn from mistakes. Providing clear boundaries establishes clarity and stability that suggest safety and love. This balance nurtures confidence, connection and ultimately maturity.



Mastery

All people need to feel that they are in some way capable, that they are worthy, and that they are good enough and competent. A sense of mastery is important for adolescent health and well-being. Mastery is a belief that individuals have control over the influences that affect their life. A sense of mastery is an important component of how a teen will respond to challenges. For both physical and mental health it is important that teens perceive that they are capable of influencing and responding to the challenges that face them. It is during adolescence that most individuals begin to recognize that their choices affect outcomes. Teens begin to realize that their efforts are pivotal in either resolving or not resolving difficulties. Families influence a teen's sense of mastery through socialization, interactions, negotiations, and problem-solving.

Caregivers instinctually want to be sure that their teens are taken care of, that they are safe and are healthy. Adolescence is often a time when caregivers may feel challenged to let go a little, to negotiate more, and to provide space in a way that feels instinctually safe and that allows the teen to engage in problem-solving that nurtures mastery. Developing mastery does not mean that a caregiver should become under-involved or step out of the relationship. It means they should actively encourage teens to be involved in influencing the outcome of challenges by eliciting their participation. It means inviting them to be involved in family conversations, asking for their ideas and supporting them to follow through on ideas in a way that gets them proactively involved.

When your teen is actively using substances, the role of mastery is essential. Encourage your teen to develop safety plans with you that are framed not around your worry or need to control but around his or her capacity to implement boundaries and decisions that will provide safety. This may ease some of your worry and control. Ask your teen how their use of substances should be addressed and encourage them to be actively involved in the ideas proposed (e.g. calling a counsellor, setting limitations, choosing friends to associate with or not).

Although you will not negotiate on what is safe or unsafe or what feels instinctually out of line with you or your family, provide space to support your teen in establishing how they will create safety, enhance their health and what steps they will take either with you or independently. When your teen has successfully made changes, they own the natural rewards associated with the outcome and learn about their internal and external resources and their capacity to overcome. In this way you maintain relationship while reducing defensiveness and anxiety and alleviating conflict.

**“Where parents do too much for their children, the children will not do much for themselves.”
(Hubbard, 1856-1915).**

Expectations

Expectations are important aspects of relationship because they communicate the behaviour and roles that support boundaries and health. Support your teen to be the person that they want to be as opposed to the person that you feel that they should be. Sometimes pressure and expectations placed on teens and parents can disconnect relationships, causing frustration and distance.

Although it can be challenging, try not to sweat the small stuff. Give your teen some space to express themselves and their developing identity. You may not like her new haircut or style of dress but recall the importance of identity formation in adolescence, and support her to figure out who she is becoming by expressing herself. This stage is temporary but your role as a caregiver is long-term. Preserve your role and try not to focus too much on behaviours that are not harmful.



Reflection: Over-Involved and Under-Involved: Finding the Balance

How does being over-involved or under-involved work for you, for your teen, in certain situations?

How does it not work for you, for your teen, in certain situations?

What are the barriers that get in the way of you being able to become more involved or less involved?

What is the one small step that you can take to address these barriers?

How might your teen respond to you being more involved or less involved?

Reflection: Expectations

What are the expectations that you place on your teen? Where did these expectations come from, in terms of your own life story? Which expectations are realistic and helpful? Which ones might be constraining? What is the reason you are holding on to the constraining expectations? How can you continue to focus on the helpful and realistic expectations?

What are the expectations that you place on yourself? Where did these expectations come from, in terms of your own life story? Which expectations are realistic and helpful? Which ones might be constraining? What is the reason you are holding on to the constraining expectations? How can you continue to focus on the helpful and realistic expectations?

Reflection: The Origin of Your Parenting

We are all connected in some way to family and these connections can have significant influence on how we have learned to parent and on our own responses to our children, as well as on our need for support and our level of fulfillment gaining support in relationships. Draw symbols such as a circle for female and square for male, to depict members in your own family of origin. Draw up to three generations back and place descriptive words to highlight qualities, behaviours, challenges (e.g. substance use, artist, teacher, mental health), that individual family members may have. After you have done this, consider the questions on the next page and begin to wonder about how your past family relationships and current family connections influence your role as parent, partner, caregiver and family member now.



Questions to Consider

Did anyone in your family have challenges related to the use of alcohol or other drugs? If so, how has this shaped your response to your teen's current use?

How did your parents or caregivers show affection to you? How has this affected your response to your teen's need for affection?

How did your parents or caregivers manage conflict or discipline with you? How has this affected your response to conflict with your teen?

Who would you say you are most like in your family of origin? In what ways? Who would you say you are most unlike? In what ways?

Who would you say your teen is most like? In what ways? Who would you say your teen is most unlike? In what ways? How have these similarities and differences affected your responses to your teen?

Describe what qualities make you and your children (your immediate family as a whole) different from others in your family of origin?





If I had my child to raise over again
I'd build self-esteem first and the house later
I'd finger paint more and point the finger less
I would do less correcting and more connecting
I'd take my eyes off my watch and watch with my eyes

I would care to know less and know to care more
I'd take more hikes and fly more kites
I'd stop playing serious and seriously play
I would run through more fields and gaze at more stars

I'd do more hugging and less tugging
I'd see the oak tree in the acorn more often
I would be firm less often and affirm much more
I'd model less about the love of power
And more about the power of love.

A. Bronson Alcott

Attachment

Attachment is a basic and fundamental human need.

Relationships nurture security, safety, and belonging.

Numerous influences challenge attachment
between teens and caregivers.

Without focusing on relationship, structure associated with
rules and expectations can be difficult to implement.

Attachment: “So this means that all we can do is love our kids.”

Throughout our life we form hundreds of relationships. Some of these relationships are intimate and lasting; some may be distant and fleeting. All relationships, however, provide connections that maintain family, community, and society as a whole. There is nothing more human than attachment, our need to have connection and belonging. Beyond food, water, and shelter, our most basic human need is the foundational need of attachment through relationship. If we did not have relationships with others, survival would be compromised. It is during adolescence that individuals have significant needs to belong. Resilience can be developed and reinforced by relationships that are securely grounded in attachment and foster importance, belonging, and safety.

Attachment and our capacity for attachment are usually formed within our first relationships with parents or caregivers. Our brains are designed to engage in relationship and respond to emotional cues with pleasure and the calming hormone oxytocin. For example, the oxytocin that is released when an adolescent girl hears her mother’s voice actually reduces distress in stress-provoking situations. Attachment through relationship is important. Relationships nurture security, safety and a sense of belonging.

Despite the importance of maintaining quality relationships with parents, attachment becomes challenged during adolescence as teens spend more time with peers. Peer attachments begin to rival parental attachment as a source of support and connection. During adolescence, teens become influenced by their peers and often begin to conform to characteristics and behaviours associated with their peer culture. Research has found that at the ages of 14 to 15 most teens begin to increase conformity with peers, and decrease conformity with parents. At this time, peer influence to conform leads to behaviours that may include use of substances, risk-taking, or law-breaking. Conformity begins to decrease after this age, and most teens start to develop increased autonomy.

During this phase of your teen’s increased conformity with peers, it’s important for you to maintain focus on relationship and hold on to attachment. It is through attachment with parents that teens develop maturity and overcome adversity. Attachment with a secure base from caregivers is what contributes to the developmental process of achieving interdependence. Attachment provides the foundation of security that allows teens to safely explore their internal and external world, form identity and develop maturity. Secure attachment to caregivers fosters self-esteem, competence, and increased emotional adjustment, adaptability, and resilience.

Developmental psychologist and author Dr. Gordon Neufeld describes attachment with children as being hierarchical. This means that in order for children and youth to feel safe and secure in the world around them, parents and caregivers must be in control of the relationship. Animals in nature are excellent examples of the hierarchical nature of attachment. Animals such as wolves and orca whales exist in a social hierarchy that usually includes at least one alpha or dominant animal. The alpha keeps

David: “Love is a bottomless pit, I just keep digging.”

Kerry: “I’m not going anywhere, but in the same breath it is hard to be here.”



order, direction and safety in the pack. Remove the alpha, and what happens? Confusion, anxiety and distress. The alpha does not need to dominate with aggression or hostility, but provides a consistent sense of control that projects confidence and competence. The alpha provides a sense of expected consistency that reduces fear and stress.

Unlike pack animals, humans have a number of variables that affect the ability to sustain hierarchical attachment relationships. As parents, we have been inundated with information that gets in the way of attachment. Forced to compete with a multi-billion dollar entertainment industry, computers, and cell phones, parents often witness their teens shifting connections from family to external and sometimes unstable influences. The lack of involved extended families, of culture, of tradition, and of caregiver support places further stress on attachment relationships. All this can make it difficult for parents to connect with their teens.

What if we pictured our family relationships as being hierarchal?

What would your role as a caregiver look like if you were the alpha?

Who is the alpha in your family pack now?

Building relationship is an instinctual process that happens by tuning into your internal drive and the feelings that naturally pull you towards your teen. It means listening to your gut and following through with what you truly believe is best for your family. Building relationship means listening to your heart and responding without the confusion of complicated strategies or behavioural approaches. You know your children. When you tune into your belief that you know what your children need, you will find that you have the foundational answers that show how to love and connect with them.

Given the pull from peers, development, and substances, it may have been a while since you and your teen have had connection or spent time together. There may be conflict, anger, distrust, or physical distance that has placed a wedge in your relationship and caused insecurity in your attachment with each other. Although it's important for your relationship to spend quality time together and display age appropriate affection, it may not feel natural or comfortable in this moment. Attachment can sometimes be revisited more easily by initiating eye contact, or by a gentle smile that suggests interest and importance. It may be a non-threatening "Good morning, nice to see you," "Have a good day," or "Good night," or it may be a wink of an eye, or a moment of sharing the same space (sitting on the couch together while watching a show).

Despite the fact that you may have experienced disrespect and hurt from your teen's behaviour, part of re-establishing yourself as the alpha is initiating this refocus on relationship. It suggests that you are in control of the bond. It indicates that the relationship is ongoing and will survive, despite the distress that it is being experienced.

**“Relationship building is an endurance event.”
(Brendtro, Brokenleg, VanBockern, 2002)**

Without a refocus on relationship and connection, it will be difficult to impose rules or boundaries. It will not be easy to engage in dialogue about your concern or the need for change. When the foundation of relationship is unstable, the possibility of implementing structure becomes challenged. Without connection it's very difficult to deal with problem behaviour such as substance use or challenges occurring with peers, school, or home; it's difficult to implement change. Although this may not feel like an immediate intervention, try to focus on relationship, build connection, and re-establish a small piece of attachment. In this way, you will create the context for fostering the behaviour and expectations that you deem necessary for your teen's health development and maturity.

Visualization

Remember a time when your teen was an infant. Remember picking up your baby, looking into his eyes and knowing in that brief exchange everything that your baby wanted and everything that you could give him. Remember the love that you shared as you held your baby tighter.

Remember your teen as a toddler. Remember a time when your little one caught a glimpse of you after a time of separation. How your toddler called you with sheer joy in her voice. Remember how you knew in that moment who was important in your little one's life. How you and no one else made her day complete.

Remember a time when your teen was starting school, how he would come home with stories about new friends, stories about school yard conflicts, and bumps and bruises from playground mishaps. Remember whose comfort and approval he was looking for. You knew what to say in those brief exchanges. You knew how to build your little one up and assure him with a comforting nod, a sentiment of validation.

It is you who built the foundation of love and connection in your teen's life. It is you who can build structure on top of this foundation once the relationship is put back into focus. Attachment is lifelong. For as long as you and your child are connected, your child will need you. Attachment will guide you and instinctually advise you of how your children need you at varying stages in their lives, but you have to tune into that attachment to hear those messages.



Attachment is a need throughout the lifespan. Although you focus on building relationship for your teen, you as an adult have relationship or attachment needs of your own. When attachment with family or partners is secure, caregivers feel better about themselves and others. Attachment in adulthood requires relationship with another that allows for vulnerability, assurance, and security. Attachment in adulthood requires that you have intimate relationships with people you are able to rely on, and that you allow people to rely on you. Unless your needs as a caregiver are taken care of, it can be difficult to provide closeness and connection for your teen.

Kim: "I haven't cried for so long. I was feeling all alone, but then I realized - I have me and I have my daughters."

Recognizing Resilience: Tips for Attachment

- Build relationship with relationship. Relationships are not a quick fix but can be developed with consistency, continued nurturing and contact.
- Make eye contact.
- Convey that the relationship is more important than the behaviour, and that the relationship will survive the challenges.
- Create opportunities for quality time: car rides, family meals, or other pre-planned activities. Encourage your teen to set the time and the activity.
- Encourage relationships with family members, family friends, or other healthy adults who will spend time supporting recreation, communication and health-enhancing activities and connections.
- Focus on the long-term relationship that you hope to foster with your child as opposed to the short-term behaviour and challenges that you are managing.



Reflection: Considering Your own Attachment Needs

Who do you feel close to?

Who provides your secure base to be vulnerable and emotionally taken care of?

Do you want more intimacy and connection in your life? If so, how might you begin to create this?

How does your need for attachment affect your ability to provide attachment for your teen?

What can you do for yourself in order to continue to build attachment with your teen?

Reflection: Who Recognizes You

Imagine someone who has been in your life, or who is in your life now, who would appreciate your response to how you are trying to care for your teen.

What would they appreciate about your efforts as a parent? What would they say to you?

What would it mean for you to have this person appreciate what you are doing? What would this person tell you to continue to do?



“Each second we live is a new and unique moment of the universe, a moment that will never be again. And what do we teach our children? We teach them that two and two make four, and that Paris is the capital of France. When will we also teach them what they are? We should say to each of them: Do you know what you are? You are a marvel. You are unique. In all the years that have passed, there has never been another child like you. Your legs, your arms, your clever fingers, the way you move. You may become a Shakespeare, a Michelangelo, a Beethoven. You have the capacity for anything. Yes, you are a marvel.”

Pablo Casals

Parenting

Parenting responses should be guided by natural instinct and intuition.

Adolescence is a brief stage of life. Parent for the long term.

Boundaries maintain healthy relationships and selves.

Teenagers can be included in conversation to create family rules and boundaries.

Parenting: “I have to imagine a different way to parent now.”

Adolescence is a temporary and transitional period of life. It can be chaotic and significant, yet it is fleeting and short. When considering your approach to parenting, you may have to make adjustments to address the needs of this phase of life, while maintaining your long-term expectations and hope for what your parenting role will look like after adolescence has passed. Parenting for the long term requires maintaining relationship, integrity, and effective boundaries.

Communication

When considering how to support your teen through the challenges related to substance use, communication is extremely important. It is also something that can be confusing and overwhelming for caregivers. As a caregiver, you may find yourself second guessing what you ‘should’ say or ‘should not’ say. It may be difficult at certain points to even imagine the process of communicating. It may be tough to know just where to start if there has been distance and conflict in the relationship. The topic of communication can be considered along with the other topics discussed in this workbook such as attachment, readiness, and emotions.

When communicating with your teen, tune into your instinctual response and recognize the importance of relationships as opposed to the challenge of certain behaviours. Demonstrate that the relationship comes first by not moving into dialogue right away but by building the foundation for dialogue to happen. Share a glance, a smile, or a brief sentiment such as, “It’s nice to see you today,” “Good morning, how was your sleep?,” “Good night, sweet dreams,” or “Have a good day”. These small phrases break the ice. When said with sincerity and regularity, they tug at your teen’s attachment needs and set the stage for more connection to happen. Without this, it’s difficult to build more discussion or genuine, constructive communication.

It may be hard to move into a place that focuses on relationship or loving sentiments, especially if you are feeling angry, frustrated, or afraid. Recognize what’s going on for you emotionally and find an outlet to process this. Ultimately, by moving back towards relationship as opposed to correction of behaviour, the source of your frustration (your teen’s behaviour) may begin to decrease. Without this connection it may be difficult to communicate your needs, wants or concerns to your teen.

Louise: “I say ‘think about it’. I just say ‘think about it’ and I walk away. I say ‘I am not going to get into an argument you can think about it and then we will talk’. I know that when I say ‘think about it’ that my grandson will come up with the answer.”

95% of parenting literature suggests that parenting is a skill. However, parenting should be a response based on intuition and natural instincts. (Neufeld, 2004).



Quality time is an important facet of communication. Time spent with your teen alone or as a family reinforces your teen's sense of importance and belonging in relationship with you and the family. Quality time is a time of connection, as opposed to correction. It's a time to acknowledge the strengths of your teen and to foster hope and optimism.

Quality time can be brief and infrequent. It may be as simple as a 10 minute car ride to the grocery store where you talk about picking out ingredients for your teen's favorite meal. It may be an evening run to get ice cream and a talk about how you used to go for ice cream when your teen was a tot. It may be enjoying an activity that your teen used to like (e.g. golfing, cooking, basketball) but may not have had the opportunity to do because of their use of or conflict around substances. Quality time can be planned or it can happen spontaneously. Quality time adds genuineness and closeness to the foundation that helps you to build effective communication and behavioural change.

Recognizing Resilience: Tips for Communication

- Connect on a relationship level.
- Tune into your instincts and choose a time that feels comfortable and safe for your teen -- not when they are under the influence. Pick a place and space that is neutral.
- Invite their thoughts and ideas before putting in your own thoughts and advice - it may be difficult to hear some of your teen's questions and comments about drugs, sex, peers etc., and hear them out before imparting advice or countering their ideas.
- LISTEN, LISTEN, and LISTEN some more! Even though you may not agree with or like what your teen is saying, give him or her the space to speak and time to process thoughts. Recall that your teen's brain is interpreting information a little differently than yours. and it may take time and clarification for both you and your teen to understand what is being said. Encourage honesty and authenticity by being honest yourself about where you are coming from and by not using your teen's discussion as ammunition for repercussions down the road.
- Pay attention. Watch as well as listen.
- Most teenagers say that adults who 'get them' are adults who listen.
- Be patient and try to not interrupt.
- Sometimes teenagers can be resistant to hearing advice or opinions from parents and other adults. By listening empathetically and drawing out their ideas, thoughts, plans, and opinions, you allow your teen to be heard and validated. This creates the space for being able to impart your own words of wisdom and ideas.
- Communicate understanding of what your teen is saying by paraphrasing or saying back the main points of their dialogue. Ask for clarification if you do not understand.
- Let your teen know that the relationship can handle the weight of the challenges at hand, and that you are a resource they can depend on. Ask how you can be involved in supporting them or addressing the problem.
- Frame your language in a strength-based way that decreases defensiveness and portrays that you believe your teen is a capable and able individual. Describe the behaviour you want to see as opposed to focusing on what they're doing or not doing that is causing problems.
- Take responsibility for your own thoughts and feelings. Should you disagree or want to respond, do so respectfully using 'I' statements and acknowledging your part in the conflict at hand.
- Avoid judgment, negative criticism, insults, blaming and shaming. Stay away from language that discourages or disregards your teen's efforts to deal with adversity, e.g. "You never," "You're wrong," "You always."
- Use conversation starters like discussing something you saw on TV or heard on the radio, "e.g. I heard that" or "What do you think about..."
- Follow heated conversation or constructive exchanges with connection, a meal, a smile, and sentiments such as "Thanks for sharing your ideas," or "You did well being patient."



Boundaries & Consequences

Boundaries are the physical, emotional and mental lines between ourselves and those around us. They are there to protect us from any number of external ‘threats’ to our well-being and include everything from what we wear to what we talk about or are willing to do for others. In order to maintain healthy relationships, healthy selves, we need healthy boundaries. Yet we know from our experience in relationships that boundaries are fluid at times too. If our boundaries are too flexible, we may be susceptible to compromising ourselves in ways that can create further problems. If our boundaries are too rigid, however, we run the risk of being physically or emotionally unavailable for someone in need of our support. It’s important to find a balance in our boundaries that expresses our interest and willingness to support our teens’ needs, while also providing enough space to empower their thinking, feeling, and decision-making.

Brenda: “I let her walk all over me and I don’t know why.”

When considering your boundaries, be honest with yourself and with other family members about what behaviour you will and will not tolerate. Listen to the concerns and thoughts of family members and be sure that you come to a supportive mutual understanding of what you as a family unit need. Identify the primary boundaries that your family has in common such as physical safety, privacy and respect for property, and express these honestly and calmly to your teen. Explain that these boundaries are necessary for the family to function, and that they will remain intact and consistent.

Some boundaries may need to be revised as your situation evolves. Not all boundaries are permanent. Some may have to be expressed differently or defined as your teen’s substance use and stage of change shifts.

Communicating Boundaries

Timing is important in considering when to discuss implementing or reinforcing boundaries. Pick a time when your teen is not under the influence of alcohol or other drugs, not engrossed in an activity, and not tired. The same applies to you as a caregiver: choose a time when you are feeling calm, in control, clear, and focused on what you want to say and how you want to say it. Pick a time and a place in which you will both feel calm and have enough time to discuss the matter at hand without being rushed.

Take responsibility for your feelings and your reason for imposing boundaries. Avoid criticism, negative comments towards your teen, or shame-based lectures. Be firm and consistent, and remain focused on expressing your thoughts and feelings and the boundary you need to impose. Demonstrate understanding of where your teen is coming from, and offer to help solve the situation at hand. Clearly articulate what you want your teen to do; focus on the positive behaviour you want to see as opposed to the negative behaviour you don’t want to see. You have the right to impose structure around yourself and your family. Remember, structure and stability are what suggest safety and honesty on your part. This teaches teens to be honest on their part. Stay calm. Remember that your anxiety will feed your teen’s anxiety.

Define Rules without Losing Balance

It's important to have boundaries in place that protect you and your family. It's also important to suggest to teens that you want them to be safe and that you care about their well-being. Regardless of the context, it can be difficult to have this conversation without some frustration, conflict, and disagreement. In order to reduce this frustration, tell your teen that you are going to have a discussion about some rules. This might include reinstating some previously lost privileges or reframing the existing expectations. Ask your teen to pick the time and place for this discussion. Let your teen know that you would like to have his or her input and assistance in defining rules and privileges.

Ask your teen to spend some time thinking of ideas to bring to your discussion. You might be faced with an "I don't know," and, if so, suggest that your teen take some time and that when they come up with an idea you will be waiting and ready to hear it. Frame this arrangement in a way that highlights your teen's strength and ability to come up with good ideas and healthy boundaries.

When your teen does 'come to the table' to discuss ideas, you may find some of them are really good, while others don't fit for you or your family. At this point, focus on the good ideas and suggest negotiating the ideas that might need some adjustment. As much as possible during this time, pull out your teen's thoughts, draw out ideas and opinions, ask your teen to explain what made him or her suggest one thing or another. Invite your teen to tell you how they intend to follow through or keep safe. After you have provided an opportunity to express and share your teen's thoughts, you will have created the space to impart your own. Reframe the negative into positive, and share your own concerns, expectations, and hopes for your teen.

If the conversation gets heated, go back to the relationship and share a smile or a kind look that demonstrates you want to work through this and that there is an end to the conflict. Or, suggest taking a quick break and coming back to the table after everyone has gathered their thoughts. After you've started or completed this discussion, which may occur in pieces over a couple of days, celebrate with a shared event such as a meal, an activity, or another family ritual or interest.

Sometimes coming up with plans, rules, or boundaries in a neutral yet firm manner means working with your teen to address a few specific questions. You might fill out a paper form together or have a discussion to address some or all of your questions. This process of defining clear boundaries and weighing out the pro's and con's of particular decisions usually works better when teens have as much input as possible in order to reduce defensiveness.



Recognizing Resilience: Tips for Boundaries and Consequences

- Describe behaviour that you expect, not behaviour you do not want to see: “Come home on time,” versus “Don’t be late.”
- Direct discussion towards solutions and be willing to negotiate or compromise on certain aspects of the discussion, e.g. curfew. Be firm and consistent with aspects on which you are not willing to negotiate.
- Give your teen opportunities to establish guidelines and consequences: Encourage input regarding curfews and family rules. Review the ‘A PLAN FOR...’ handout on page 82.
- Encourage your teen to participate in ‘controlled’ risky behaviours like rock climbing, snowboarding or mountain biking.
- Get to know your teen’s friends: Although you may hear protests from your teen, meet your teen’s friends and know where they go to hang out. Reach out to your teen’s friend’s parents as allies for checking in about your teen’s whereabouts. Open your home up to your teen’s friends and encourage them to hang out at your house so that you get to know who the friends are and can monitor from a distance.

A Plan For...

The following questions may be useful prompts to use during planning conversations about your teen's involvement in events or activities. In order to support your teen to follow the rules and expectations of plans, invite them to be as involved as possible in the planning process. Support them to come up with ideas in response to each of the following questions. If an idea crosses a boundary or feels uncomfortable, talk about this and, if possible, generate a compromise together. The more your teen participates in the process of planning, the more invested they will be in the success of following through.

What are the concerns or risks about?

What advance planning or preparation needs to happen to reduce these concerns or risks?

What will you try to do in order to reduce the risks or concerns?

What are the benefits of following through with a plan to reduce the risks or concerns about?

What are the consequences for not following through? What will be the reward for following through?

What might be helpful to know, to do, or to discuss in order to make this plan work?

Is there anyone else who might be able to help make this plan successful? If yes, how?



Managing Conflict with Your Teen

Aggression is challenging. Dealing with it can be difficult, frightening and sad. Your teen's aggression informs you that something in their life is not working or is causing distress that they are unable to find a way to affect change to deal with the distress, and are not adapting to circumstances. When you see aggression, it may be because your teen is having challenges in coming to terms with something, is under the influence of alcohol or other drugs, or is experiencing withdrawal from alcohol or other drugs. As a result of attachment, people usually express the most frustration to those with whom they are (or want to be) closest.

Individuals, including your teen, have to be aware of what is causing frustration before they can change the feeling of being frustrated. Because of anxiety, grief, developmental immaturity, fear and/or an underdeveloped ability to regulate emotions, some teens may not be able to acknowledge what is frustrating them.

When dealing with your teen's aggression, it's important to de-escalate the situation and be mindful of both your safety and their safety. When your teen is under the influence of alcohol and other drugs, it may not be safe or productive to move into conversation about behaviour, making changes or problem-solving. This may be a time to provide comfort and security or to reduce harms by removing yourself. It's important not to try to make headway in the escalated incident. Wait until a time when all parties have 'cooled' down and are safe with themselves and with those around them.

When dealing with aggression, encourage your teen to identify the underlying frustration by focusing on the problem causing aggression as opposed to the aggressive behaviour. Acknowledge your teen's emotion by reflecting it, e.g. "You were frustrated last night," or, "This conversation seems to be frustrating you." Try to depersonalize the aggression and preserve your role as a caretaker, the adult in the relationship, by not conveying a sense of fear or coming across as a victim. Move away from blame and guilt by focusing on the emotion, drawing out your teen's thoughts, concerns, and ideas of what is going on. Communicate your ability to create stability by providing a sense of calm, competency, and consistency. Avoid placing more demands on your teen when they are out of your control.

Managing Crisis with Your Teen

There may be a time when you have to access support to deal with a situation where either you or your teen is imminently at risk. Never doubt your instinctual sense as it relates to you or your family's safety. You know yourself and your teen. If you feel that something is seriously wrong, like your teen is going to hurt themselves or someone else, or your teen is thinking about suicide, remain calm and call for help right away. You can panic later.

In order to prepare for crisis, have a list of important phone numbers easily available for you to contact. Important phone numbers might include a crisis line, counsellor, family doctor, family member, or a supportive friend.

In the event of a crisis, be careful. Trust your instinct when determining your safety and the safety of others. Notice what is being said, the behaviour that you are seeing, and whether a similar situation has occurred before. Reduce risk to yourself and others by not taking action that could make the situation worse. Breathe, and control your emotions as much as possible, managing anger and anxiety. You may choose to remove yourself until you feel more in control of your responses. If possible, slow down the situation by speaking calmly, collecting your thoughts, and demonstrating confidence and control. Validate your teen's emotions and express openness to working through the distress. If the situation escalates or your sense indicates that you, your teen, or others may be in danger, remove yourself and siblings and call for help (police or ambulance).



Recognizing Resilience: Tips for Dealing with Aggression & Crisis

- Depersonalize: don't give personal information, e.g. "You hurt my feelings."
- Identify your teen's emotion, e.g. "I see you're frustrated."
- Breathe: calm down your breathing, control your immediate responses, and slow your thoughts and actions.
- Model confidence and control.
- Call for help. Trust when your instinct advises that you are or your teen is in danger.
- Preserve the relationship.
- Find an outlet that allows you to express your emotions and to cope with impact of crisis on your and your family.



Reflection: Being a Parent

From his text *Appreciative Inquiry* (2000), David Cooperrider provides some thought provoking questions.

Visualize or write your thoughts about the following questions.

Everyone has 'off' days or days when they do not feel at their best. Describe when you are 'on' or 'at your best' as a parent.

Can you think of a particular moment when you felt good about yourself as a parent? What was happening? What were you doing? How was your teen responding?

What did you value about how you were in that moment?

Imagine it is a year from now and your relationship with your teen is grounded in the things you most value about your parenting. How would you know it? What would be happening?



Your children are not your children. They are the sons and daughters of life's longing for itself. They come through you but not from you, and though they are with you, yet they belong not to you. You may give them your love, but not your thoughts. For they have their own thoughts. You may house their bodies but not their souls, for their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams. You may strive to be like them, but seek not to make them like you. For life goes not backward nor tarries with yesterday. You are the bows from which your children as living arrows are sent forth. The anchor sees the mark upon the path of the infinite and he bends you to his might that his arrows may go swift and far. Let your bending in the archer's hand be for gladness; for even as he loves the arrow that flies, so he loves also the arrow that is stable.

Kahlil Gibran, The Prophet

Hope

Hope is important for caregivers in order to maintain and reflect hope to their teens.

Hope may come and go.

Inspiration for hope may be found in caregivers' belief of their own abilities.

Hope: “Learn from yesterday, live for today, hope for tomorrow.”

Hope is an essential component of your teen’s evolution towards health and resilience. It’s also an essential component of your own resilience and your ability to overcome challenges as a caregiver. Hope is the underlying belief or confident expectation of achieving future good.

There will be times when hope will feel diminished - when the curfew time comes and goes without a phone call, when the school calls you with another reported absence or suspension, when a call comes in from the local hospital reporting an admission, or when there’s another argument and slammed door. As a caregiver, you may find the emotional rollercoaster continues to offer ups and downs for a while longer. During the lows of this ride, hang on to the notion that this will pass; believe that you are not alone, and expect your teen to make it through. Believe that you can survive this and that you will one day hold your child, now a young adult, in your arms again and be able to look them in the eyes and express your love.

Hope nurtures growth. It dispels the judgment that impedes not only your teen’s growth but your own growth as a caregiver, as an adult. Hope can sometimes feel like dishonesty, denial, or disappointment. However, when it is accompanied by coping, relationship, resilience, and acceptance, it can manifest enhanced health, first for yourself and then for your teen.



Reflection: Where do you go from here?

How would you like your relationship with your teenager to evolve?

What are you doing that is already making this happen?

What else will you do to make this happen?

How would you like your relationship with another family member (spouse, parent, other child), to evolve?

What are you already doing to make this happen?



What else will you do to make this happen?

How would you like your relationship with yourself to evolve?

What are you already doing to make this happen?

What else will you do to make this happen?

What is the connection between your relationship with yourself and the relationship that you have with your teen or others in your family?

How have you made it through difficulties so far?

Mama Do You Love Me By Barbara Joose, 1991

Mama do you love me? *Yes I do dear one.*

How much?

*I love you more than the raven loves his treasure. More than the dog loves his tail.
More than the whale loves his spout.*

How long?

*I will love you until the umiak sails into darkness. I will love you until the fish
turn to stars in the sky. And the puffin howls at the moon.*

Mama what if I carried our eggs our ptarmigan eggs and I tried to be careful and
I tried to walk slowly but I fell and the eggs broke?

Then I would be sorry but still I would love you.

What if I put a salmon in your parka, ermine in your mittens, and lemmings in
your mukluks?

Then I would be angry.

What if I threw water at our lamp?

Then dear one I would be very angry but still I would love you.

What if I ran away?

Then I would be worried.

What if I stayed away and sang with the wolves and slept in a cave?

Then dear one I would be very sad but still I would love you.

What if I turned into a musk ox?

Then I would be surprised.

What if I turned into a walrus?

Then I would be surprised and a little scared.

What if I turned into a polar bear and I was the meanest bear you ever saw and I
had sharp shiny teeth and I chased you into your tent and you cried?

*Then I would be very surprised and very scared but still inside the bear you
would be you and I would love you.*

I will love you forever and for always because you are my dear one.

Resources

Drug Classifications

A Menu of Options: Treatment

Navigating Treatment Options as a Caregiver



Drug Classifications

Psychoactive substances are substances that change the way that we think, feel, and act. All psychoactive substances create an altered physiological state in the brain. By attaching or locking onto receptor sites in our brains, drugs influence the way in which we think and feel. These receptor sites interact with the brain's chemical messenger systems, neurotransmitters, which are responsible for communicating functions in the brain.

Substances can be classified into different groups, depending on the system that they affect in the body, or on their chemical characteristics. The following section will provide you with some basic information about various substances including what they look like, their short term effects, and how they are ingested. Variations in the effects of substances may be based on how much is taken, physical characteristics such as weight, height, mood, tolerance, the combination of different substances used together, and the way the substance is taken. Injecting and inhaling are the quickest and often most intense route of use, followed by snorting, and then swallowing.

Stimulants

Stimulants speed up functions of the central nervous system.

Stimulants include:

Cocaine/Crack (Coke, Blow, Nose Candy)

Nicotine (Tobacco)

Caffeine

Methamphetamines (Crystal Meth, Speed, Jib, Glass)

Amphetamines

Some of the short term effects of stimulants include:

- Increased alertness
- Increased heart rate
- Feelings of excitement and sense of well being
- Decreased appetite
- Runny nose (caused by snorting)
- Restlessness and agitation
- Anxiety.

Amphetamines, methamphetamines, and cocaine/crack can be swallowed smoked, snorted, or injected.



Depressants

Depressants are substances that slow down the central nervous system.

Depressants include:

Alcohol

Solvents/Inhalants (Glue, Gas, Dust off)

Benzodiazepines (Valium, Ativan, Xanax, Rohypnol)

Anesthetics

Some of the short term effects of depressants include:

- Feelings of calm and well-being
- Drowsiness
- Slurred speech
- Blurred vision
- Dizziness
- Confusion and memory loss
- Severe intoxication
- Unconsciousness.

Depressants such as alcohol can be ingested in liquid format, solvents can be huffed and inhaled, while benzodiazepines can be taken in pill or capsule form.

Opiates

Opiates are often used as pain killers. Opiates change the way a person experiences pain. Emotional pain and physical pain are registered in the same part of the brain. Opiates effectively reduce perception of both emotional and physical pain by locking onto opioid receptor sites in the brain which creates a sense of intense pleasure.

Opiates include Analgesics (Pain Killers):

Morphine

Codeine

Opium

Heroin (Dope, Junk, Smack, H)

Methadone (Juice)

Demerol

Percodan/ Oxycodone/ Oxycontin (Oxy, O.C's, Hillbilly Heroin, Percs)

Some of the short term effects of opiates include:

- Sense of euphoria
- Feelings of intense pleasure and reduced pain.
- Nausea and vomiting
- Itching
- Drowsiness, 'nodding'.

Opiates can be snorted, smoked, or injected. Heroin can be heated on a piece of tin foil and the smoke inhaled, taken orally, or smoked in a marijuana joint or cigarette. Heroin is often associated with intravenous injection. Other opiates in pill or tablet form can be taken orally, crushed and snorted, or dissolved in water and injected intravenously.

Hallucinogens

Hallucinogens, sometimes called psychedelic drugs, distort senses and cause hallucinations. Hallucinogens affect perceptions of reality as well as emotional and cognitive processes.

Hallucinogens include:

Magic Mushrooms (Shrooms)

MDMA (Ecstasy, E, X, XTC, Beans, Rolls, M, Adam)

Acid/LSD (Cid, Blotter, Sugar cubes, Trips)

Mescaline

P.C.P (Angel dust, hog, rocket fuel)

Ketamine (Special K)

G.H.B

D.X.M (Dex, Robo, Skittles)



Some short term effects of Hallucinogens:

- Elevated mood
- Sense of intimacy
- Euphoria,
- Increased energy and sense of confidence.
- Increased heart rate and blood pressure
- Jaw clenching.

Most hallucinogens can be taken orally, baked into foods, steeped in tea, or smoked. MDMA comes in tablet form that is often brightly coloured and stamped with images, e.g. CK, Nike Swoosh. Ecstasy is often mixed with other substances including methamphetamine.

Cannabis

Cannabis includes marijuana, one of the most widely used illegal drugs. Cannabis can have hallucinogenic and depressant effects, in addition to increasing heart rate.

Cannabis includes:

Marijuana (Pot, Grass, Weed, Mary Jane)

Hash (Hashish)

Hash Oil

Some short term effects of Cannabis:

- Feeling of calm and relaxation
- Impaired short-term memory and concentration
- Increased appetite
- Distorted perception of time
- Red eyes
- Dry mouth
- Impaired coordination and drowsiness
- Rapid heartbeat.

Marijuana can be smoked in rolled joints or marijuana cigarettes, or baked into foods and eaten. Hash and hash oil may be mixed with marijuana or tobacco and smoked.

Services and Supports: What Options are Available

What Resources are Available

Most substance use resources for youth are free and accessible through public service agencies funded by the provincial government and health authorities. You can access information about available services through your local public health office, school district, or the provincial ministry responsible for child and family development. Outpatient services can usually serve as a gateway for more intensive residential support.

Harm Reduction: Harm reduction is an approach that focuses on safety and makes efforts to reduce the harm associated with the use of alcohol and other drugs. Harm reduction aims to meet your teen where they are at in terms of readiness, or stage of change. It supports them to achieve goals that they may have in the moment. Harm reduction may mean using substances in a way that does less damage to the body or it may mean using alternative substances. Harm reduction matches your teen's choices, which might include reducing use or stopping use for a period of time. Harm reduction does not use abstinence as a measure of success. Harm reduction includes small changes related to substance use and may influence bigger changes over time. Harm reduction programming may include street outreach, needle exchange or methadone clinics.

Outpatient Treatment

Community-Based Counselling: Community-based counselling involves meeting with a counsellor for a length of time as arranged by your teen or your family. Outpatient services are confidential, non-judgemental, and respectful. Counsellors will strive to match your teen's readiness, or stage of change, and provide a service that aims to enhance motivation for change. Most of these services focus on the concept of resilience, encourage capacity and strength, and aim to build self awareness.

Some counselling agencies provide outreach services that meet teens wherever they are at in the community or at their home. Community-based counsellors will, with the permission of your teen, often collaborate with other services such as educational, mental health, and housing programs in order to build a comprehensive network of support. Counsellors recognize that families are often the most influential resource in a youth's life, and so many counsellors will offer family counselling or will make referrals to family counselling programs. Community-based counsellors will work from a variety of approaches to meet your teen's and your family's needs. Should your teen request detox or inpatient residential treatment, the counsellor will make the referral and provide follow up and after care support.

Inpatient Treatment

Withdrawal Management-Residential Detox: Withdrawal management programs support the process of detox which involves physically withdrawing from drugs. Most substances detox from the body within ten days. Acute withdrawal usually involves physical and emotional discomfort, and it is the role of the withdrawal management program to reduce discomfort by providing emotional and sometimes medical support.



Residential Treatment: Residential treatment is a structured and often intensive program where your teen would stay in a facility 24 hours per day for a set period of time for 28 days to one year. In residential treatment, youth follow a schedule that often includes group therapy, individual therapy, activities, schooling and some life skill development. Residential treatment programs are diverse and operate based on different values related to substance use and how to treat it. Some programs are based on 12-step models, or holistic models, while some may be based on cultural or spiritual practices and beliefs. When your teen is deciding which program to attend, they may be considering a variety of aspects such as the length of stay and the program philosophy.

If your teen is considering entering a residential treatment program, it is imperative that you continue your efforts to work on or maintain family relationships and connection with your teen. When your teen returns home, should the attachment relationship be disconnected or negatively affected, the risk of further use of substances can increase. (Szapocnik, J.)

Supportive Recovery- Care Homes: Recovery homes provide safe and supportive living arrangements for youth who want to maintain the changes they've made in residential programming, while participating in outpatient counselling, or with other support. Supportive recovery usually involves regular daily schedules that include attending school or working in the community. They may also include establishing connections with counsellors and youth workers who support the teen to address relapse prevention, as well as the development of life skills and training in preparation for independent living.

Parenting During Residential Programming

As a parent, when you hear your teen say they want to enter a residential program, you may experience mixed emotions. On the one hand, you may experience relief knowing that your teen is beginning to acknowledge the need to make changes related to their relationship with substances. On the other hand, you may feel fear and anxiety as they acknowledge their use and consider entering an unfamiliar and formal program. In addition, sadness, shame, guilt, and grief can make your teen's decision to enter a residential program a highly emotional experience.

Once your teen enters the program, you may continue to wrestle with mixed feelings. You may, for the first time in a while, have a full night's sleep with the assurance that your teen is in a safe and supervised program. Feelings of anger and frustration that you have previously pushed away in order to support your teen may now surface. In addition, you may find yourself riding the ups and downs of your teen's own emotions as they venture through acute withdrawal and post-acute withdrawal, moving through stages of wanting to leave, to stay, to leave, perhaps stay longer, and then prepare to discharge.

As the days go by, many caregivers feel worried and nervous about what life might be like when their teen returns. The hope that he or she will make good choices and maintain decisions to address their use starts to play tug of war with the worry that old habits, peers, and environmental influences might regain their attention and lead to a continuation of the roller coaster ride.

As your teen's discharge date approaches, nervousness and worry might increase. You might feel a sense of urgency to create structure and rules. Urgency sometimes turns into confusion and frustration as you juggle the idea of putting rules into place while negotiating the delicate balance of discussing 'now what' without crushing the eggshells you feel you are stepping on.

Returning Home

In what might seem like a blink of an eye, your teen will be discharged from residential programming. You will receive the call that he or she is ready to come home. You may have been counting down the days with excitement, worry, or a bit of both. You may be looking for clear direction on what to do next, and your teen may or may not have been able to come up with a plan that gives you a sense of where that clear direction will begin.

Here are a few ideas for helping to address some of the initial concerns that might come up now that your teen is back home.

Reconnect on a relationship level

It may have been a while since you and your teen have spent time together. Try to use language that reaffirms the strength of your bond, demonstrates belonging, and expresses your willingness as a parent to love and care for your teen -- "It's good to see you," "I have missed you," "We will get through this," or "I am here for you." If this seems unfamiliar or uncomfortable at this point, start with a smile, eye contact, and a warm glance that expresses your affection, even though underneath the smile you may be experiencing feelings of nervousness, anxiety, fear, or anger. Find the space to deal with these feelings so that they do not overshadow this time of reconnection. Your teen is also feeling anxious and is still dependent upon you to help cope with their feelings.



Return of the friends

Don't take it personally when your teen calls a friend. On your drive home, or as soon as your teen walks in the door, she or he might make a stealth b-line to the computer or phone to reconnect with a social network. Within minutes of seeing your teen your worry about the influence of peers might surface. Remind yourself that your teen has the capacity to make good decisions and has just demonstrated this in a very concrete way. In order to sway some attention from friends, you might want to plan a special dinner or an activity that brings your teen back into focus with your family relationship as opposed to peer relationships.

To be busy or not to be busy...that might be the question

Depending on individual situations, particularly related to what your teen was withdrawing from and how long they were in detox or residential treatment, they may need additional time to recover from post-acute withdrawal symptoms from substance use. Post-acute withdrawal can last for several months. You may notice that your teen is spending more time sleeping, staying close to the house, eating a lot of food, or not wanting to eat very much. They may be experiencing anxiety about being back in a familiar environment with familiar triggers and may be trying to figure out how to adjust to being around peers without being under the influence. Some teens might feel down, while others might experience a renewed desire to start putting plans or ideas into motion. Each teen is different and requires different degrees of support and time for recovering and maintaining.

Ask your teen what they feel is needed in order to be comfortable now that they are back home. Ask what role you might play in order to support your teen's adjustment. If you are concerned about your teen's mood or energy level or are worried about them having a difficult time not being able to maintain change, ask how they are doing. Sometimes parents might be afraid of the answer. However, part of processing the difficulties of dealing with triggers and withdrawal is knowing that there are people available with whom your teen can talk to honestly about these challenges. Your teen may need to know you are available to remind them of their strengths and to provide encouragement and support.

When the worry becomes reality

When your teen returns home, you may be faced with challenges, conflict, and concern. Your teen may or may not follow through with their original plan and goals, and may or may not be able to maintain the changes made during residential programming. When a situation comes up in which you are concerned about your teen's safety, connect with your teen by focusing on relationship. Draw your teen in with a nurturing stance or a kind gesture that reduces some of the defensiveness.

Ask your teen to share with you their thoughts about how they are going to keep themselves safe. Ask for their opinions about the level of risk in any given situation. Remind your teen that they are responsible for defining and acting on what they are willing or not willing to do. Focus on the strengths and the good decision-making that you have seen. Once you've heard their ideas and have drawn out their thoughts, you have created the space to share your own. Reframe your worry or anger about the situation into love and hope for their happiness and well-being.

This might be just be the beginning

On those nights when you were able to sleep while your teen was in residential programming, you may have dreamed of your teen returning home with all being well and peaceful in their world. At this point within their journey through the use of substances and coping, they may not be able to sustain the hopes that you both shared. Remember that teens are incredibly resilient and once they have moved through certain stages in dealing with their substance use, their ability to come back to action and maintenance is greater. Often relapse is an additional piece of learning that helps to reaffirm the original decision they made to get help for themselves and to begin coping with life and life events without using alcohol and other drugs. Even though you as a caregiver will probably feel disappointed and once again fearful, frustrated, angry, and scared, your teen will most likely come back to a place of acknowledging the consequences of his or her use and resuming the process of finding resolution.

During times when your teen is engaged with substances, remember to follow your instinct as a parent and to express your expectations and feelings while balancing your own emotions, reactions, and rationalizations. Change is not a linear process but is fluid and unpredictable. Each youth is individual and each situation is unique. Should your teen use substances again, focus on your teen's response and your own response to the relapse as opposed to the use itself. Finally, remember that if your teen does use again, you are not responsible for that choice to use but you are responsible for your reactions and your own process of self-care and of healing.

Rather than blaming or shaming, you may be better able to support your teen by finding support for yourself and addressing your own anxieties and frustrations. Focus once again on your teen's abilities, competencies, and strengths as a person. Bring yourself back in line with the relationship and, just as you might have when he or she left detox, tell your teen "We will get through this," "I love you," and "When you need me, I am here for you."



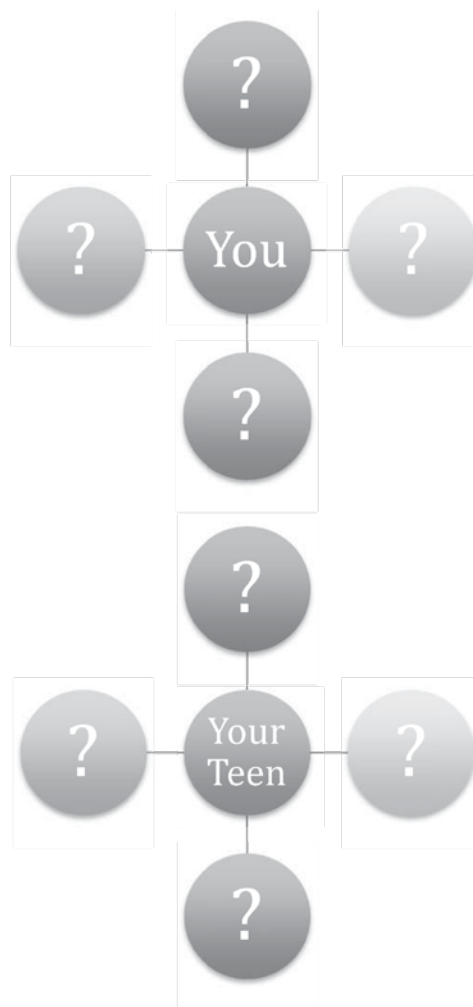
Recognizing Resilience: Tips for while your Teen is in Residential Treatment

- ***It is time to refocus on you.*** While your teen is participating in a residential program, find support for yourself so that you can cope with and process your mixed emotions. Support might come from family, a friend, or a professional counsellor. Take care of yourself -- something you may not have been able to do for a period of time.
- ***Keep tabs:*** Maintain contact with the program and ask for updates on how your teen is doing. Find out if the staff have any ideas about how you will be able to support the work your teen is doing in the program after coming home.
- ***Maintain relationship:*** Check in on your teen by phone or in person. Arrange a visit and offer encouragement while validating the strength your youth has demonstrated by making the decision to enter the program and the daily decisions he or she makes in order to stay. Although you might want to talk about the 'what's next' in terms of support when they come home, it helps to focus on connection, rebuilding relationship, and fostering attachment. Continue to build the foundation for communication by actively listening and drawing out his or her ideas of what they would like to do when the program finishes. It may or may not be what you want to hear but during programming youth often move through a number of different ideas throughout the course of each day.
- ***Be involved:*** Communicate with program staff and be involved in the planning that transitions your teen back into home and community. Offer support in addressing challenges and concerns that they might have when considering the return back to the community. Give them the opportunity to follow through with pieces of the plan on their own. When your teen returns home, acknowledge the success of entering the program (whether completed or not) and recognize the strength required in order to have made the decision to do something different.
- ***Stay involved:*** In most cases you will be the resource that your teen returns home to, which means that it is your relationship that needs to be nurtured. If the connection is compromised or detached, you may experience a difficult transition when your teen returns to the home.



Reflection: Community of Support

What support do you have within your community that matches your needs as a caregiver and your teen's readiness for change. Who are the people who increase resilience and attachment and provide influence that enhances the health of you, your teen, and in turn your family? Who else would you like to add to your circle of support? Who else would your teen add to his or her circle?



References

- Alberta Alcohol and Drug Abuse Commission. (2003). *An overview of risk and protective factors: The Alberta youth experience survey 2002* (Issue Brief No. 0-7785-2872-3). Edmonton, AB: Government of Alberta Printing Office.
- Boudreau, R. (2004). Substance use problems and the family. In S. Harrison, & V. Carver (Eds.), *Alcohol and drug problems: A practical guide for counsellors* (pp. 483-494), (3rd ed.). Toronto, ON: Centre for Addiction and Mental Health.
- Brendtro, L., Brokenleg, M., & Bockern, S. (2002). *Reclaiming youth at risk: Our hope for the future* (Rev. ed.). Bloomington, IN: Solution Tree.
- Bubbra, S., Hims, A., Kelly, C., Shenfeld, J., Sloss, C., & Tait, L. (2008). *Families care: Helping families cope and relate effectively*. Toronto, ON: Centre for Addictions and Mental Health.
- Canada. National Clearinghouse on Family Violence. *Raising today's teens: An overview paper*. Prepared by Michael Ungar. Ottawa: Public Health Agency of Canada, 2008.
- Compas, B., Hinden, B., & Gerhardt, C. (1995). Adolescent development: Pathways and processes of risk and resilience. *Annual Review of Psychology*, 46, 265-293.
- Cooperrider, D.L., Sorenson, P.F., Whitney, D., & Yaeger, T.F. (2000). *Appreciative inquiry: Rethinking human organization toward a positive theory of change*. Champaign, IL: Stipes Publishing.
- Cornell University, University of Rochester, NYS Center for School Safety. (2002, May). *Adolescent brain development*. Retrieved January 15, 2011, from the Youth Upstate Center of Excellence Web Site: http://www.actforyouth.net/resources/rf/rf_brain_0502.pdf
- de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York: Norton.
- Dobbs, D. (2011). Beautiful brains. *National Geographic*, 220, (4), 37-59.
- Epstein, R. (2007, April 4). The myth of the teen brain. *Scientific American Mind*. Retrieved December 15, 2010, from http://drrobertepstein.com/pdf/Epstein-THE_MYTH_OF_THE_TEEN_BRAIN-Scientific_American_Mind-4-07.pdf
- Follette, V., Pistorello, J. (2007). *Finding life beyond trauma: Using acceptance and commitment therapy to heal from post-traumatic stress and trauma related problems*. New Harbinger: Oakland, CA



- Health Canada. (2000). *Straight facts about drugs and drug abuse* (Issue Brief No.0-662-29208-1). Ottawa, ON: Public Works and Government Services Canada.
- Health Canada. (2001). Preventing substance use problems among young people: A compendium of best practices (Issue Brief Publication No. 0-662-30636-8). Ottawa, ON: Public Works and Government Services Canada .
- Henry J. Kaiser Family Foundation (2010, January). *Generation M2 : Media in the lives of 8- to 18 year olds*. Retrieved February 10, 2011, from <http://www.kff.org/entmedia/mh012010pkg.cfm>
- Lifton, R. (1994). *The protean self: Human resilience in an age of fragmentation*. New York: Basic Books
- Madsen, M. (2009). Collaborative helping: A practice framework for family-centred services. *Family Process*, 48, (1), 103-116.
- Mate, G. (2008). *In the realm of the hungry ghost: Close encounters with addiction*. Toronto: ON: Random House of Canada.
- Miller, W. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: Guilford Press.
- Morgan, E., & Huebner, A. (2008) *Adolescent growth and development*. Retrieved December 15, 2010, from Virginia State University, Virginia Cooperative Extension Web site: <http://pubs.ext.vt.edu/350/350-850/350-850.html>
- Navajits, L. (2002). *Seeking Safety: A treatment manual for PTSD and substance use*. New York, NY: Guilford Press.
- Neufeld, G. (2004). *Hold on to your kids: Why parents need to matter more than peers*. Toronto, ON: Random House of Canada.
- Ralph, A., & Sanders, M. (2002). *Teen triple P: Group workbook*. Milton, QLD: Triple P International Pty.
- Siegel, D., & Hartzell, M. (2004). *Parenting from the inside out: How a deeper self understanding can help you raise children who thrive*. New York, NY: Penguin Group Inc.
- Statistics Canada (2010). Canadian community health survey. Retrieved December 15, 2010, from <http://www.statcan.gc.ca/subject-sujet/theme-theme.action?pid=2966&lang=eng&more=0>
- Ungar, M. (2008). *Nurturing hidden resilience in troubled youth*. Toronto, ON: University of Toronto Press.

