

The MIND Reader

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Adolescents and Addiction

For years, there has been research supporting the theory of important “windows of opportunity” in which optimal learning can and should take place for infants. Similarly, research is showing that there is a window of time in which individuals are at higher risk for drug abuse disorders and addictions. Doctor Nora Volkow (1), who is the director of the National Institute on Drug Abuse, suggests that it is important to understand “brain developmental factors” when studying drug abuse and addiction (1). Dr. Volkow went on to say that, “the relatively late development of brain circuits involved with emotion, judgment, and inhibitory control may explain the heightened propensity of adolescents to act impulsively and to ignore the negative consequences of their behavior, both of which increase the risk for substance abuse at this stage of development” (1). Furthermore, research completed by The National Institute on Drug Abuse reported that “By the time they are seniors, almost 70 percent of high school students will have tried alcohol, half will have taken an illegal drug, nearly 40 percent will have smoked a cigarette, and more than 20 percent will have used a prescription drug for a nonmedical purpose” (2).

This certainly raises many questions in peoples’ minds; especially in parents’ minds. One such question might be: “How exactly does addiction relate to my adolescent?” The National Institute on Drug Abuse reported that “The brain is wired to encourage life-sustaining and healthy activities through the release of dopamine. Everyday rewards during adolescence—such as hanging out with friends, listening to music, playing sports, and all the other highly motivating experiences for teenagers—cause the release of this chemical in moderate amounts. This reinforces behaviors that contribute to learning, health, well-being, and the strengthening of social bonds. Drugs, unfortunately, are able to hijack this process. The “high” produced by drugs represents a flooding of the brain’s reward circuits with much more dopamine than natural rewards generate. This creates an especially strong drive to repeat the experience. The immature brain, already struggling with balancing impulse and self-control, is more likely to take drugs again without adequately considering the consequences” (2). (Continued on page 3)

By: David Briggs

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Positive Parenting
Mind Spa will be offering another parenting workshop on July 11th from 9:00-12:00 at First Baptist Church. Please call our office for more information and to register. Refreshments and childcare will be provided. Space is limited, Call today!

What is Co-Dependency

By: Sarah Tilley

Co-dependency is not a diagnosis. You will not find in the Diagnostic and Statistical Manual of Mental Disorders. However, behaviors and thoughts associated with co-dependency may lend themselves to the development and preservation of other diagnostic criteria. Individuals with co-dependent traits often rely on the approval of others to inform their sense of value. Their reliance on outside forces to determine their inside value contributes to low self-esteem, difficulty regulating one's own emotions, and internal unrest. These are symptoms which often contribute to anxiety and depression.

Individuals with co-dependent proclivities tend to lean heavily on the perceived thoughts and feelings of others to determine their own thoughts and feelings. Because they struggle with regulating their own emotions; they make attempts to regulate the emotions of others. This need to regulate self and others is at the heart of controlling behavior. For example, a co-dependent person is highly more likely to feel anxious when their spouse, boyfriend/girlfriend, or close friend feels anxiety. In order to escape the feelings of anxiety, the co-dependent is compelled to help the anxious person decrease anxiety. The co-dependent is not participating in a healthy relationship in which he or she would empathize with the anxious person. Instead, they are embracing and owning the other persons anxiety.

Control and human behavior may look differently from different points of view. Controlling behavior is not necessarily micro-managing behavior. At the heart of co-dependency, it protects others from experiencing the unpleasant consequences of his or her behavior. In relationships with addicts, it protects the addict behavior. (Continued on page 5)

Lapse vs Relapse

By: Mark Russell

When people want to make a change in their lives, they generally go through a process of understanding what needs to change, deciding how they want to change, then finally implementing the change. However, there is one more step in the change process that is often overlooked. The official name of this step is Maintenance – where the changed behavior is practiced consistently in order for it to become the “new normal”. This is also the step where many people – especially those dealing with addiction – end up returning to their old behavior in one way or another.

There are two primary ways to look at the return to old behavior: lapse and relapse. Relapse is what most people think of when they give in to a temptation or behavior that they do not wish to engage in again. The term is used very frequently in addiction treatment. However, I think that lapse is a more accurate term for the initial return to old behavior – the temporary slip up where old habits creep back into the present. Full-blown relapse is when that slip up causes a complete return to the old behavior. Someone who has been sober from alcohol use may absent-mindedly take a sip of champagne as part of a wedding toast. This is a lapse. The slip up can be a good reminder that the old behavior is not completely gone and needs ongoing attention. However, that sip of champagne could just as easily turn into a weekend of binge drinking after which the person gives up on staying sober and returns to a lifestyle of alcoholism. This is relapse.

Understanding the difference between these two behaviors is crucial to the Maintenance period of making a change. Very few if any people flawlessly make a change in their lives with zero lapses. How we respond to lapse is the crucial part. As I stated earlier, lapse can be a motivator toward positive behavior. Do not let a lapse condemn you and prevent you from continuing to make the positive changes you are pursuing in your life. Be honest with yourself. Admit you made a mistake. Remind yourself of what you are working toward, and keep heading for your goal. (Continued on page 5)

Adolescents and Addiction (Continued)

Another question might be: “What are the risk factors for adolescent drug use?” Truly, there is no one single factor that determines whether individuals between the ages of 12-18 use drugs. There are actually many factors that increase the likelihood that an adolescent tries drugs. Factors include availability of drugs; prevalence of adolescent friends using them, and amount of exposure to violence, physical or emotional abuse, mental illness, or drug use in the home. Additionally, other predisposing factors include the adolescent’s inherited genetic vulnerability; personality traits like poor impulse control and high need for excitement; mental health conditions such as depression, anxiety or ADHD; and beliefs such as drugs are cool and/or harmless make it more likely that an adolescent will use drugs” (2).



So, what can be done? Aside from the myriad of standard treatment options, such as: individual, group, and family therapies, residential and intensive outpatient options (individual, group and family therapies; residential and intensive outpatient options; medication therapies, and peer recovery support services), the Butler Center for Research suggests that the primary goal should be “to delay the onset of substance use. Research indicates that adolescents who begin drinking before age 14 are significantly more likely to experience alcohol dependence at some point in their lives compared to individuals who begin drinking after 21 years of age. In addition, youth who drink alcohol are more likely to experience a number of negative consequences, such as physical or sexual assault, unintentional injuries, memory problems, legal problems, and impaired school performance” (3). In all truth, the same can be said for all substances that hyper-stimulate our brain’s reinforcement circuitry. The younger that individuals start, the greater the chance that structural changes will be made to the brain that will permanently impact that person’s impulse control, emotional regulation, and motivation (4). Thus, parental and family involvement is paramount to preventing, catching, and treating substance abuse disorders early. If your child demonstrates any of the typical signs of drug abuse, seek help immediately!

- ◆ If an adolescent starts behaving differently for no apparent reason—such as acting withdrawn, frequently tired or depressed, or hostile
- ◆ a change in peer group
- ◆ carelessness with grooming
- ◆ decline in academic performance
- ◆ missing classes or skipping school
- ◆ loss of interest in favorite activities
- ◆ changes in eating or sleeping habits
- ◆ deteriorating relationships with family members and friends (3)

Then seek help immediately. Do not wait until your adolescent’s experimenting becomes a life-long addiction that can have detrimental and even fatal outcomes.

Mind Spa

Your Mental Health Home

We offer a unique mix of mental health professionals who have a broad variety of experience and expertise designed to meet your needs.

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- **Eye Movement Desensitization & Reprocessing (EMDR)**
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What is Co-Dependency (Continued)

This behavior is a problem for both the co-dependent and the addict. Unpleasant consequences are a force that contribute to change. When addicts are protected from these consequences, they are more likely to continue the harmful behavior, with increasing likelihood of long-term damages- even death. The co-dependent also becomes so heavily focused on the addict that they relinquish self-care for the fantasy that their actions can change the addict's harmful behavior. One of the most effective actions one can take to help a loved one who is wrestling with an addiction is to focus on themselves and not the behaviors of their addicted loved one.

Just as an alcoholic who is sober is still an alcoholic; a co-dependent in a relationship with a sober individual is still co-dependent. Like an alcoholic (or any other addicted individual) embracing sobriety from a substance, a co-dependent must also learn new ways of living and new patterns of relating to others. They must focus on themselves and learn to tolerate and regulate their thoughts and feelings. It is hard work. It requires courage and relentless honesty; especially honesty with themselves.

There are many helpful supports for individuals seeking freedom and healing from co-dependent living. One of which is Al-Anon. Al-Anon is a 12-step program which focuses on the family and close friends of addicts (sober or not).

Many people feel nervous before attending their first Al-Anon meeting.

All individuals at the meetings are considered equal. Advice is not given during the meeting. If you are not comfortable talking, you may simply say, "I pass." All meetings have al-anon approved guidelines but have uniqueness and differences within those guidelines. If you do not like one meeting, try a different meeting. Al-Anon advises that you try at least 6 different meetings to find a good fit. Meetings last for one hour. You do not have to RSVP, bring a snack, or ever worry about being asked to host a meeting at your place. Simply show-up. Same time. Same place.

Al-Anon meetings are also available online. Alateen is available for teens adolescence between the ages of 13-18. A wealth of additional information, including finding meeting times and locations, is available at www.al-anon.org.

Melody Beattie and Pia Mellody have both written numerous books on the topics of co-dependency and recovery. The two books listed below are among the most widely referenced when helpful resources are discussed.

Codependent No More: How to Stop Controlling Others and Start Caring for Yourself – Melody Beattie

Facing Codependence: What It Is, Where It Comes from, How It Sabotages Our Lives - Pia Mellody

Lapse vs Relapse (Continued)

Relapse on the other hand is frequently much harder to recover from. Generally when relapse occurs, a completely new analysis of the change process needs to be implemented with new boundaries and expectations – as well as a general need for some external accountability (which is useful when a lapse occurs as well!). However, even relapse can be a source of motivation. Relapse highlights an area of weakness that still needs work. Don't make the excuse that relapse was bound to happen; But if it does, let it be a tool that spurs you on to success. Both lapse and relapse can be discouraging, but they shouldn't cause despair. Don't give up. Change is hard, but it is not impossible.

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