Recognizing Resilience:

A Workbook for Parents and Caregivers of Teens Involved with Substances

April 2016

> **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*

Recognizing Resilience:

A Workbook for Parents and Caregivers of Teens Involved with Substances

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 (PhD) 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, Jane Collins and the Vancouver Island Discovery Youth and Family Services team.

Funding for this resource is provided in part, by the Government of Canada through British Columbia's Drug Treatment Funding Program - Strengthening Substance Use Systems Initiative. The views expressed herein do not necessarily represent the views of the Government of Canada

VANCOUVER ISLAND health authority
Discovery Youth & Family Services

BRITISH COLUMBIA

Table of Contents

Introduction	2
Adolescent Development: "This too shall pass."	5
Resilience: "Will they make it through?"	17
Substance Use: "I feel like I am on a roller coaster."	29
Emotions of Being a Caregiver "This is hard."	43
Attachment: "So this means all we can do is love our kids?"	55
Parenting: "I have to imagine a different way to parent now."	63
Hope: "Learn from yesterday, live for today, hope for tomorrow."	79
Resources: Glossary of Commonly Used Substances Treatment Options	85
You Write the Next Chapter: "Where do I go from here?"	98
References	99

Introduction

Being a caregiver can be difficult. Despite an increase in research and more readily available resources about the 'practice' of parenting, many families today face challenges. Parents regularly doubt their caregiving capacity and are often faced with experiences of frustration, exasperation and confusion.

As teens navigate the transition from dependence to independence, monumental physical, social, and mental changes can spark questions about safety and stability. Such dynamic change can make adolescents feel like a time of uncertainty. Add the use of substances to this period of transition and the already complicated processes of development can become amplified.

Many caregivers raising teens involved with substances say that their experience feels like a rollercoaster—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 to hold on, and worried about consequences of letting go. Many describe confusion and a lack of clarity around mixed messages to "hang on," "hold out," "hit bottom," "cushion the fall," "offer tough love," "attach," and/or "detach." Most feel guilt, shame, isolation, and a sense of feeling alone. 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 related to 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 a relationship with alcohol or other drugs. This workbook is for caregivers including grandparents, aunts, uncles, foster parents, family friends, neighbors, or others who care about a teen. Whether a parent or another caregiver, this book is offered for you and your teenage son's and/or daughter's. The terms 'parent' and 'caregiver' have been used interchangeably. The term s/he is used throughout the workbook and 'he' and 'she' can be found in alternating sequence. These terms are meant to be interchangeable and to apply to you and your teen.

The intention of this workbook is to:

- Provide some concrete information that might provoke thought, ideas, understanding, empathy and clarity during this time of transition
- Enhance a sense of capacity to overcome concerns
- Move focus from discussion of 'the problem' into discussion of hopes existing within the constraints of fear
- Offer opportunities for reflection on emotional challenges and needs of caregivers.

This workbook encourages:

- Nurturing relationships that foster connection and attachment
- Awareness of existing signs of resilience
- Exploration into the emotional, physical and mental impact of caring for a teen involved with substances.

This workbook provides:

- Information about adolescent development and ideas about expected and exceptional signs of development into maturity
- Descriptions of the concept of resilience
- Ideas about how resiliency is influenced
- Information about why youth may begin or continue to maintain relationships with substances
- Suggestions for enhancing relationships between caregivers and teens
- Space in which to reflect on values, beliefs, attitudes, and feelings about substances, substance use, and parenting
- Ideas for increasing opportunities for communication, listening, and feelings of being heard
- Strategies to consider when exploring boundaries and imparting 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 find use in the tips and strategy ideas. Some may be inclined to take an introspective look at the emotional effects of caring for a teen involved with substances, while others might look out at how broader societal conditions influence the complex dynamics of families, adolescence, and coping responses. Some may put the book aside until the timing fits, and others will work through each chapter and associated reflective exercise. This resource emphasizes that there is no one single or generally applied way to parent and therefore no one way to use this workbook. This resource does not propose to offer expert answers, but highlights multiple viewpoints and pathways for considering substance use, and responding to adolescent challenges. This resource is an opportunity to look into and beyond the *pit falls of substance use*[1], at what you have been going through, while imagining how to keep going[2].

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. "There is light at the end of the tunnel and it is not another train." (Father)

[1]The term pitfalls of substance use was provided by one parent as she described her need to look beyond worry, fear, anger and shame while caring for her teen

[2]"What you have been going through and how to keep going" was a term used by parents after completing a reflective group process *Recognizing Resilience* in order to describe perseverance and learning achieved by riding the "rollercoaster"

> **“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 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 locker doors, the tired and kids shuffling down the halls, and the jarring ring of the bell. Teenager's today venture along this tricky hallway dance, challenged by crowded schools, significant peer influence, and a social hierarchy determined by peer-led inclusion or exclusion. Bullying moves beyond face-to-face violence inundating social networks through online shaming and aggression. Verbal attacks, rumours and peer pressure, can make the walk down the school hallway intimidating and wounding.

For teens who feel they do not belong, the difficulties of being a teenager can be sometimes too much to bear. In order to find additional ways of belonging some teens become involved in peer groups that encourage the use of alcohol or other drugs. The emotional injuries caused by the damaging action of peers, school systems, or community may be soothed by the effects of substances. Add questions regarding sexual orientation and identity, racism and discrimination, previous abuse histories, trauma, and/or factors associated with poverty, and we start to create a picture of just how many influences contribute to the adolescent experience

Characterized by 'storm and stress,' turbulence and turmoil, defiance and impulsivity, adolescence has become constructed and recognized as a tumultuous and feared phase of the human lifespan. However, along with these deficit-based descriptions, lives an emerging conversation that is beginning to offer an exception to this singular adolescent story. Although this conversation exists behind the clouds of adolescent storm and stress, it offers a silver lining—a landscape

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.

** names of caregivers have been changed in order to preserve confidentiality.*

paved with numerous pathways of development. Rather than there being only one road to a destination of adulthood, teens may venture along a number of roads as they travel through events and experiences contributing to maturation. In other words, growing into maturity is not a fixed, one-way event, but a variable, dynamic process.

The time of life called adolescence is certainly not all negative, nor should it be predetermined to be embroiled in 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:

- 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 affecting 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. As one parent described, "*You have this kid who was your right hand, and all of a sudden that hand is severed, whack! I was mad and sad, it wasn't what I was hoping for, it was just whack*!"

Adolescence is often a period of significant change for both teens 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.

Perhaps, much to your frustration as a caregiver, your teen's inward focus 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 those around them. You might wonder if your teen understands what it is like for you, as their parent, to ride their emotional ups and downs.

Many teens become highly critical, comparing themselves, parents, friends and teachers to expectations of 'perfection.' Believing in an ideal, some teenagers fixate on the concept of perfect and as a result experience let-downs and struggles as they, and those around them, fail to meet unrealistic and unattainable standards. Not being able to reach a constructed benchmark of perfection can increase an adolescent's self-consciousness, sense of isolation and frustration with others.

Psychologist Dr. Gordon Neufeld suggests that teenagers have an inward focus on self and standards of perfection for very important reasons. He explains that within this exclusive focus on self, teens begin to develop their identity and the needs, wants and desires that will result in who they become as adults. They consider idealistic concepts of 'what could be' as opposed to 'here and now.' By doing this, teens begin to develop how they would define 'self' and additionally begin to discover ideas, meanings and goals about who they would like to become.

Despite confusion and difficulties associated with development, and dominant assumptions about 'storm and stress,' adolescence is incredibly rich with growth, learning, transformation, and emotional and physical exploration. The continuing development of the adolescent body and brain and ongoing learning about self and others contribute to developing maturity and growth.

Understanding Development

Knowledge of developmental possibilities is important. Awareness of the complicated processes of development may provide some answers about behaviours 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! Cultural, social, historical, biological influences contribute to the brilliant diversity that individuals represent. With this in mind, the process of developing maturity may be different for each teen. There may be some developmental processes that youth similarly share and experience; however, not all youth will experience the same 'milestones' or preconceived developmental tasks. Development is as unique and individual as the teenagers, parents, families and contextual factors influencing all.

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 and why. Western society offers ideas of what development should look like and this perspective will not fit with all families, cultures and communities. It is important that caregivers define with their children what their aspirations and goals are in terms of their growth. You can nurture this unique perspective and foster development in ways that you and your teen determine to be relevant, realistic and positive.

Identity

Our identity is based on an idea of who we believe we are as individuals, groups and cultural sets. Identity is influenced by societal, community and cultural norms (beliefs, values and assumptions). Our identities are influenced by expectations and beliefs of how we fit into such norms. Many teens engage in processes that create developing descriptions of who they are as individuals and how they fit into families and society at large. This journey of forming identity can be hard for teens when they are unsure of who they are, how they fit in and with whom. Familial, social and media influences can foster healthy identities as well as negative perceptions of self. Easily influenced, the developing identity can be affected by perceptions and feedback from broader societal attitudes and within peer related social realms. The images and perspectives projected onto young people can define who they believe they are. Labels, social stigma, shame, blame and guilt can add to a self-concept or identity that may be framed from a deficit or negative lens.

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

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. A constructive self-concept can be enhanced by focusing on strengths, ability, esteem and importance.

Independence Reframed

Some theories about adolescence describe independence as being an important developmental task. Independence has been considered a component of functioning well as an adult. Independence can mean developing responsibility for self and a sense of personal power over emotional responses and decision-making.

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."

Independence can be seen as a marker of achieving self-reliance and emotional autonomy from the family unit.

The term interdependence can be used as an additional perspective through which to understand the task of developing responsibility and autonomy. Interdependence refers to one's ability to achieve personal mastery in regards to decision-making and problem-solving, while still maintaining connection to family and community system. Teenagers are often still dependent on their families for various needs and emotional support. Although teens may suggest that they no longer require or want parental guidance, they still have needs to belong and benefit from ongoing attachment to family. Interdependence balances one's needs for safety, stability and security while offering space for increased responsibility. As a caregiver, you might foster your teen's sense of interdependence by continuing to include them in family activities and rituals, while also promoting problem-solving and 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. As our children have entered the 'stage' of adolescence some have been accustomed to withdraw attention in an effort to 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.

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.

Adolescent Brain Development

You may notice 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, continuing to develop into adulthood. 90-95% of the brain is developed by puberty and the remaining part of the brain is not fully developed until the late 20's, even into the early 30's. This continued brain development may explain the differences we notice in teenagers' abilities to regulate emotions and to weigh out risks and rewards. Much of our existing literature about the adolescent brain tends to focus on some of the negative aspects of 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 son or daughter's draw to peers, sensation-seeking, novelty and rewards. From an adaptive perspective, this movement to new, unfamiliar people, experiences and opportunities, pulls teens away from what is familiar. Some researchers believe that this in turn creates inspiration for the developing teen to form unique identities and continue developing maturity. This shift from familiar to unfamiliar sets the stage for one day moving out of the home, and finding a mate.

> **"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 risks, this might explain some of the impulsivity in your teen's decision-making.

The adult brain uses its more advanced and fully developed executive part (frontal lobe) to read and understand emotions on the faces of others. However some research suggests that teens use the emotional part of their brains (the amygdale) to decipher meaning and emotional response in facial expressions. As the amygdale is less thought-orientated, it can misinterpret the meaning behind the intended facial expression. For example, it may confuse fear with anger. Most parents will identify fear as the primary emotion underlying verbal and non-verbal responses to teen substance use. If a teen is interpreting fear-related facial expressions as anger, this might explain why at times teens escalate quickly into conflict and defensiveness. How common is it for you to say "I just wanted to talk to my teen because I am worried about her safety, and she just blew up!" Communicating with your teen can be a challenge when accounting for an underdeveloped ability to regulate and interpret.

During adolescence, the teen brain begins to establish important neuropathways. These neuropathways represent behaviours and characteristics that support who, and how, the teen will be as an adult. The brain receives a flood of 'grey matter' followed by a period of 'pruning.' Pruning refers to the brains process of eliminating connections that are not used and hardwiring those that are, in other words, the connections that are used endure and those that are not fade. The final part of the brain to develop into maturity is the frontal cortex, the more advanced 'executive' part of the brain. This part of the brain remains flexible and responsive to the dynamic learning, experiences, and exposures of adolescence before starting the period of pruning and establishing more rigid and hardwired connections. Although parents often yearn for their teens to have better impulse control, judgment and perspective, the frontal cortex remains adaptable, flexible and plastic. This is an important factor in broadening capacity and ability enduring into adulthood.

Each situation and each individual is unique. However, part of the behaviour you may be witness to could be influenced by important neurobiological processes. The good news, your teen's metaphoric light bulb of clarity 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 for 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.

Growth and Development: Developmental Tasks

Developmental Process	What is 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.

Growth and Development: Developmental Tasks

Developmental Process	What is 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.

Recognizing Resilience Reflection: Crossing the Bridge from Childhood to Adulthood

Adolescence can be viewed as a bridge between two stages of life, childhood and adulthood (Neufeld, 2007). This bridge between two very unique times in the lifespan is one that many will walk across numerous times.

Consider the following questions as you imagine your son or daughter's transition into adulthood.

Think back on the time when you were a teen. What were some of the highlights of this time?

What did you value most about the person you were becoming? What were your best qualities and how were these qualities demonstrated? What did you value most about the support you received from others (parents/caregivers, grandparents, Elders, siblings?)

Think of your son or daughter's teen years so far. What do you think they would describe as being some of the highlights?

What did you value most about the person your teen is becoming? What do you value most about your contribution to their growth and development?

Recognizing Resilience: Tips for Adolescent Development

- Try not to take it personally.
- Support teenagers to discover themselves by asking them to express what they are experiencing within themselves (what are they thinking, feeling, curious of and wondering about).
- Allow your teen to have some space to process, think and talk—they may need a little extra time to make sense of their thoughts and feelings.
- Provide tools for self-reflection (journals, art supplies, instruments).
- Encourage sleep. Next to newborn infants, adolescence is a time in the life span that benefits from much sleep.
- Encourage healthy eating and physical activity. Healthy diets and exercise increases energy, improves sleep patterns and enhances 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 and ideals of perfection by avoiding comparisons of your teen to others.
- Be patient about excessive needs to groom and an inward focus.
- Facilitate ways for your teen to demonstrate their capacity for interdependence. Provide opportunities for problem-solving and decision-making.
- Get to know your teen's friends. Although you may hear protests from your teen, meet your teen's friends and get to know them. Reach out to your teen's friend's parents. Parents can be allies and a resource for checking in on the safety of your teen.
- Continue to provide a structured environment. Structure offers stability, which fosters safety and dependability.
- Encourage mentorship relationships with other family members, friends, or healthy adults who will spend time supporting recreation, communication and cultural knowledge.
- Create rites of passage for important accomplishments and events. Rites of passage highlight the importance and mastery of significant triumphs and experiences.

> **“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 as a term to describe behaviour that is not socially acceptable but supports adaptation to adversity.

Resilience: "Will they Make it Through?"

For many years the term resilience has been used to refer to an individual's ability to bounce back in the face of adversity. However, more recent descriptions have extended beyond the individual, now including the role of broader systems. Systems contribute to resilience by being culturally and socially relevant and responsive, as well as available and accessible to individuals, families and communities.

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 distress they may face, most youth do grow up to be competent and caring members of society—well-adjusted, functioning adults.

Recent advancements in the field of adolescent development have sparked curious questions about youth adversity, adaptation and resilience. Questions have begun to emerge about how communities might bolster wellness by becoming increasingly accessible and meaningfully responsive to young adults. Risk factors, protective factors and resilience are interrelated concepts often used to describe aspects of people and the internal and external environments that influence healthy development and adaptation. The notion of risk and protective factors provides a perspective of teen behaviour within the context of personal, social, familial and peer influences. This perspective can open understanding as to why teens 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 enhance ability to overcome.

Risk and protective factors can be grouped into four specific areas: individual, family, peers and school/community. Risk and protective factors can contribute to our understanding of some of the influences adding to, or challenging, health. However, we know teens and their lived experiences are exceptional, which means that beyond noted risk and protective factors, there may be additional possibilities and opportunities for resilience to be nurtured and enhanced. For example, in addition to the individual and even family lens, it is often necessary to consider how social, political, cultural and historical contexts and broader systems block or build resilience.

Risk Factors

Risk factors can be perceived as life experience or events that increase the possibility of behaviour such as problematic use of alcohol and other drugs. Theoretically, the greater the prevalence and severity of risk factors, the greater the possibility of distress. Risk factors can be helpful points to consider when trying to understand why a teen begins, and continues, to engage with substances. However, for most teens, there is often an array of influences that can never be completely understood or definitively explained as being the answer.

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

In order to build resilience, it is important to focus not only on the behaviour your teen is actively demonstrating, but also on a broader picture of how risk factors may be influencing such behaviour.

Protective Factors

Protective factors are influences connected to external strengths and internal capacities that can support the prevention, reversal or change of outcomes associated with risk. Protective factors are thought to 'override' risk factors. Often society looks at substance use through a lens that focuses on negatives. Such a lens fails to recognize additional viewings of what strengths and abilities individuals, families and communities hold.

Many caregivers tend to focus on what they cannot control in their teen's life and lose touch with aspects that they can control. What you as a parent can control is your own interaction with your teen. One of the most influential protective factors is relationship. Being in relationship with one present, available and non-stressed adult can dramatically reduce risk associated with problematic substance use. As a caregiver you have influence over how you connect and foster attachment relationships with your son or daughter.

Promoting and fostering protective factors can increase one's ability to overcome adversity. Regardless of the presence of risk, every individual and family system has capacity and important abilities that contribute to health. Resilience develops and shifts throughout one's life. The good news, by focusing on protective factors, relationships and other positive influences, ability to overcome challenge can be enhanced.

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. Challenge can be met by promoting and nurturing protective factors.

Risk and Protective Factors
Individual Factors

Risk Factors	Protective Factors
Complications of pregnancy, labour and delivery (low birth weight, preterm delivery, prenatal exposure to alcohol and/or other drugs), brain damage (AADAC, 2002). Early aggressive behaviour. 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. Trauma: 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). 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. Stress.	Strong personal self-concept, a sense of feeling important and capable. Belief in ability to achieve. Ability to impose personal boundaries and set goals and expectations for self. 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. A sense of belonging (group, activities, within systems).

Risk and Protective Factors
Family Factors

Risk Factors	Protective Factors
Lack of parental monitoring and supervision. Poor attachments: the more relationships are compromised the greater the chance of teens being influenced negatively by peer pressure. Many youth will suggest that they engage substances to cope with emotional pain or to run away from distress. Lack of communication and understanding of rules and expectations. Family conflict. 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. Parental substance use.	Attachment with caregivers, positive bonding. Emotional support, nurturing and encouraging home environment. Family communication that is open about issues and concerns. 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. Family role models, caring adults. Parental involvement in schooling. Clear, consistent and well understood boundaries and expectations: boundaries that are consistent and well understood communicate clearly what behaviour teens are expected to demonstrate. They also express clearly what parents will and will not tolerate, value, believe, and recognize as being safe and unsafe. Expectations that teens are capable and competent communicates the possibility of them being able to achieve goals and have success with academics, peers, and family. 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. Inclusion in cultural activities and family traditions.

Risk and Protective Factors
School & Community Factors

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

Risk and Protective Factors
Peer Factors

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

(Adapted from AADAC, 2002)

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 have at least one risk factor. When teens have more than two, it is important to recognize that behaviour may be attributed to stressors associated with possible risk factors. As a parent, you may look at the list of risk factors and find that you too identify with one or two factors, particularly in regards to your own childhood. The list of risk and protective factors is not meant to contribute to increased worry or concern. Instead it is offered as an opportunity to reflect on what aspects in your world, your teen's world, and the broader community are available and accessible for enhancing health. There are a few important primary themes within all the listed protective factors: a sense of belonging, a belief in ability and a sense of optimism.

Mastery

All people need to feel as though they are capable, worthy 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. Mastery is a significant component of how a teen will respond to challenges they face. It is during adolescence that most individuals begin to recognize that choices affect outcomes.

Families can play pivotal roles developing mastery by inviting opportunities for socialization, negotiation and problem-solving. Parents can encourage their teen to participate in family conversations, asking for their ideas and thoughts, and eliciting their opinions.

When a teen is actively involved with substances, experiences of mastery are essential. Encourage your teen to work with you on developing safety plans. Frame these plans, not on your experience of worry or need for control, but on his or her capacity to identify meaningful expectations and boundaries. Ask your teen how substance use should be addressed and encourage them to actively propose ideas (e.g. calling a counsellor, setting limitations, choosing certain friends, developing safe exit strategies).

Although it is important to not negotiate on what you believe is safe or unsafe, or what is appropriate for your family or culture, provide space to support your teen to describe their best intentions and efforts for creating safety. Identify their role and your role in realizing their plans and working through any potential challenges.

When your teen has an opportunity to create change they get to take responsibly for the natural rewards associated with the outcome. They learn about their own resources and capacity to overcome adversity, while you as a parent maintain your role as an ally.

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

Recognizing Resilience Reflection: Caregiver Resilience

As a caregiver of a youth in relationship with substances, you have faced adversity. However, despite the adversity you face, you are reading a book in order to continue efforts to support your teen. Throughout your life you have most likely been challenged to navigate beyond what you might have thought you could handle. Consider the following questions as you imagine resilience at this time in your life.

Think of a time when you handled adversity—bounced back from difficulty that pushed you beyond what you thought were your limits. What were you particularly proud of in terms of how you faced this adversity?

Without being humble, what qualities did you come to value most about yourself during this difficult time?

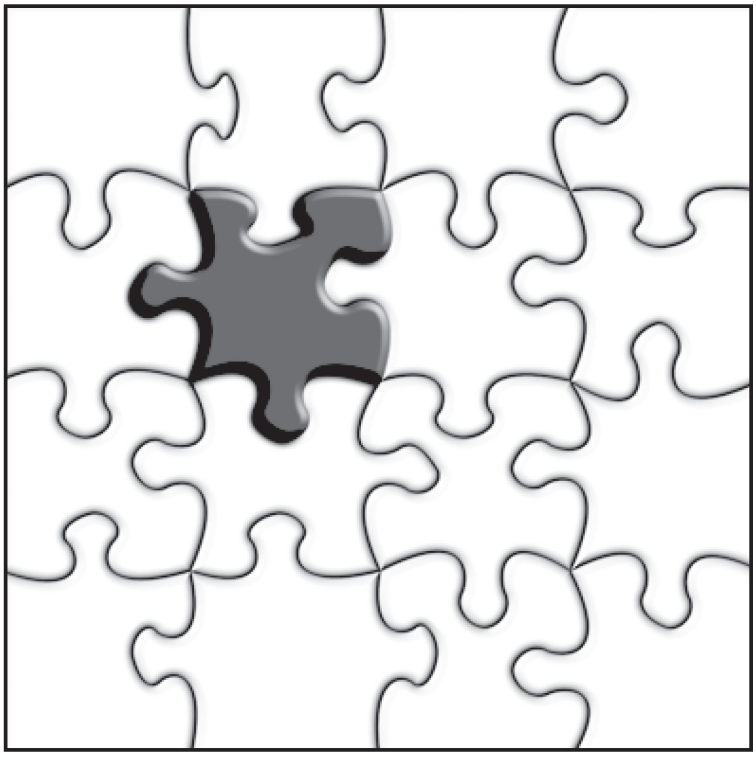
Think of the situation you currently face with your teen. How have you drawn in the qualities that have previously allowed you to navigate adversity?

What wishes do you have for yourself as you face adversity now? What wishes do you have for your teen ?

Questions adapted from Cooperider-Dole et al. (2008).

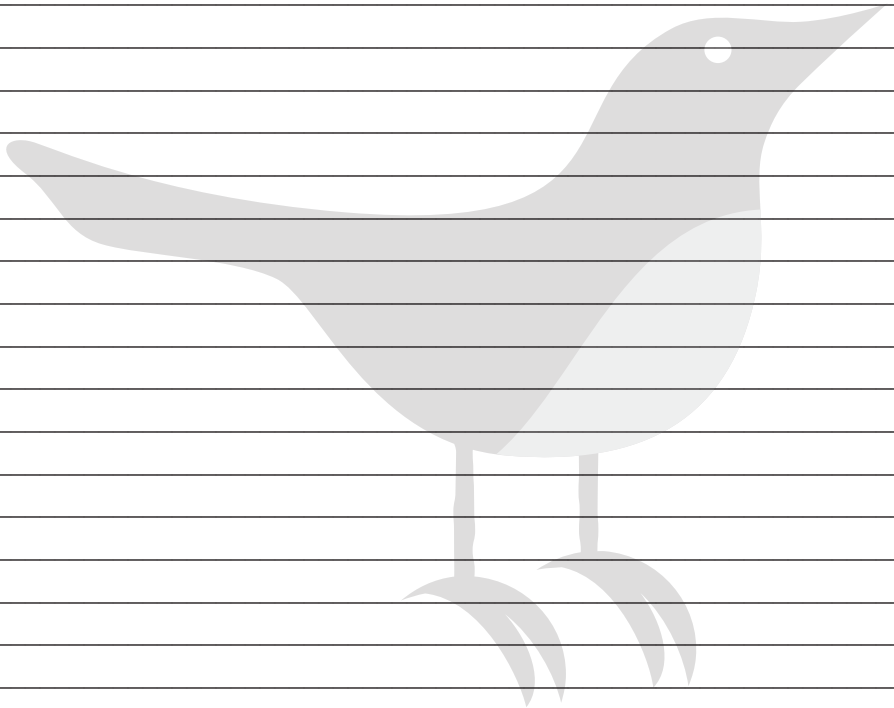
Recognizing Resilience Reflection: A Picture of Resilience

Gathering signs of resiliency may 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 have been demonstrated, may still be demonstrated, or that haven't been demonstrated for a while. Think of aspects of your teen that represent a skill, quality, gift or ability. Add these to the puzzle below. Think of what protective factors they have had and continue to have in their life. Which protective factors would be beneficial to build upon, revisit, or focus on? Add these to the puzzle below. When you add these considerations to the puzzle, what starts to form? What is growing? What is worth your best efforts, and your teen's best efforts? What do you notice about your teen... do they notice this as well?



Recognizing Resilience Reflection: Another Narrative

Sometimes our descriptions of our teens become bogged down in the 'what's not working' or 'problem.' Imagine something that your teen is good at, or a quality/ strength that you think they hold (humour, compassion, empathy...a gifted dancer, a hard worker, a creative artist). Write a letter to your teen describing this strength. Hang onto this letter and reflect on it when needing an additional way of viewing your teen. If writing a letter to your teen does not feel comfortable at this point, try writing a letter to the quality or strength. For example, you might describe the influence of this quality, what happens when it shows up, the impact of this quality and how it influences others.



Recognizing Resilience: Tips for Enhancing Resilience

- Focus on wellness versus problem.
- Build relationship with your teen and nurture relationships with other positive influences including grandparents, teachers and coaches.
- The more we push, the more others pull away—notice when you try to decrease a behaviour, the more the behaviour may increase.
- State expectations, ideas and instructions using positively framed language that describes the behaviour you are looking for.
- Look for what is right, what is working. Focusing on positive behaviour communicates what we want others to do more of; focusing on negative behaviour communicates our disapproval and disappointment.
- Create opportunities that suggest your teen is significant, important to you and capable.
- Access support from family and community.
- Look beyond the present and construct a preferred vision of how the future may be different.
- Adversity may mean that some predetermined goals or expectations have to change. Shift focus from what you cannot change to what you do have control over and can change.
- Resilience includes strength on the inside. Nurture the inside by communicating to your teen, through actions and language, that they are important and matter to you, their family and community.

> **“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.

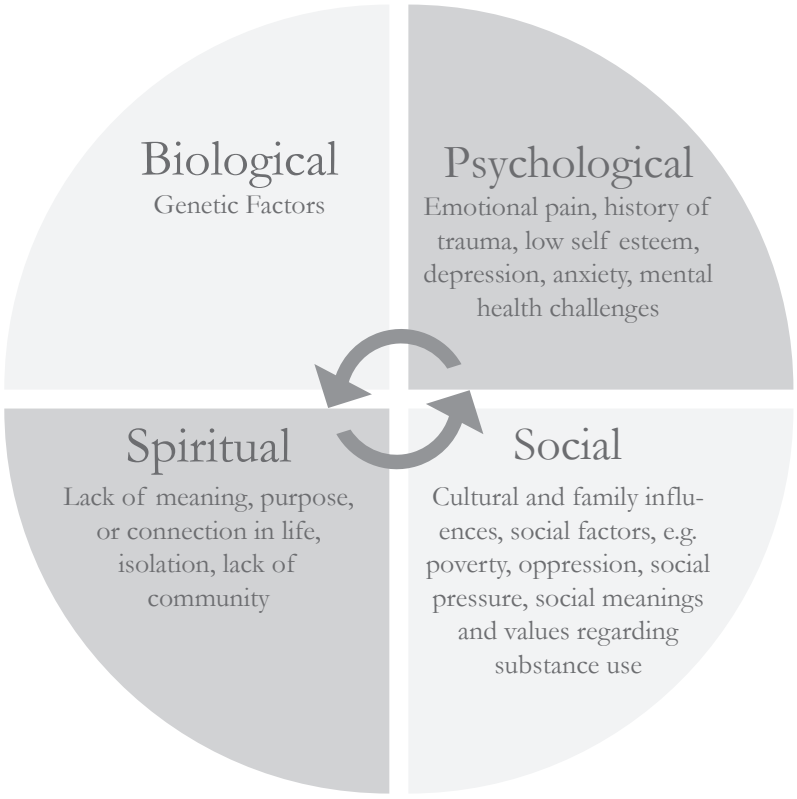
Most teens will experiment with alcohol and other drugs.

Problematic Substance use 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, multilayered 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 problematic substance use (such as genetics, trauma, learning etc.) but has been able to identify a number of influences that might contribute to a picture of why an individual might engage with or become increasingly involved with alcohol or other drugs. One way of viewing substance use is through a *biopsychosocialspiritual lens*. This is a holistic lens for considering complex interactions within and around an individual actively in relationship with substances.



You may have asked yourself, 'why is my teen involved with substances?' You may have questioned whether this relationship to alcohol or other drugs was because of a biological or genetic predisposition; an adaptive strategy to cope with past trauma, loss or mental health challenges; an attempt to fit in with a peer culture; a result of stress in utero or lower levels of dopamine in the brain… Your attempts to understand have surely been relentless and the number of possible explanations vast.

It is difficult to determine exactly *why* your teenager is involved with substances. It is not possible to fit individuals, including dynamic and unique teens into boxes that would concretely explain why. Further, the emotional toll of trying to determine precise cause and effect can be exhausting and frustrating, provoking sadness, guilt and fear.

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.

Despite the prevalance of many theories explaining why one might engage with substances and/or maintain problematic substance use, not one theory can claim universal acceptance. For parents, this means that there can be multiple ways in which describe, define, view and understand adolescent substance use.

Let's put together a picture that provides an image of the qualities, traits and abilities that shift the focus from problem behaviour to glimmers of resilience amidst problem situations. You may find it difficult to find a quality that suggests strength or resilience, particularly within the conflict, substance use, and/or disconnection you have been facing. If this is the case, consider the notion that substance use may be a sign of resilience suggesting your teen's wish to survive and thrive in the world.

Some youth will engage with substances in order to exist despite difficulty (historical losses, trauma, current stress, peer exclusion, isolation, family conflict). Some may develop a relationship with alcohol or other drugs as a way to adapt and function despite overwhelming emotional distress and what otherwise might be perceived as being too much to bear. Professor and research Dr. Michael Ungar, suggests that what society would define as dysfunction may actually be an adaptation to survive dysfunctional circumstances.

It may feel uncomfortable or conflictual to reframe the use of substances within this adaptive lens, however this may offer one additional perspective amidst a multitude of additional ways for trying viewing adolescent substance use. Shifting focus from problem-saturated descriptions towards ideas that generate thoughts of strength, courage, coping and survival can support the development of additional explanations and acknowledgements of resilience.

For some parents, looking at strengths may simply meaning recognizing that your teen is still in school, or is coming home on time most nights, calls regularly, is looking for a job, or just finished drafting a resume to find the job. These strengths are important glimmers revealing a desire to participate in life. You may notice, when you acknowledge signs of resilience in your teen's life, that you have a different perspective of how you view their involvement with substances and their efforts to function in life. You may experience a small shift from despair to hopefulness. What was seen as a dysfunction may be otherwise interpreted as a gesture to cope.

Spectrum of Substance 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. Problematic substance use is not an inevitable outcome when youth experiment with or occassionally engage with alcohol and other drugs.

For a small portion of youth, engaging with substances will result in what some call dependence or alternatively define as addiction[1]. Researcher and academic Dr. Bruce Alexander describes the word addiction as existing along a continum of severity. He references substance use as varying from mild to severe based upon the intensity in which it becomes overwhelmingly involved in a person's life.

Dr. Gabor Mate defines 'addiction' as being characterized by:

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

Both definitions can be applied to describe a problematic relationship with substances and other non-drug activities (gambling, sex, food).

All substances create an altered physiological state in the brain. Drugs influence the way in which we think and feel by effecting 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 set off feelings of excitement and elation, positively reinforcing 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.

[1]The terminology often used in the substance use field holds strong philosophical meanings, attitudes and values. Terminology including the words addiction and dependence are often accompanied by additional language that can be stigmatizing to individuals and families, disruptive to developing perceptions of identity, and directive in terms of how substance use should be addressed. For some, the word addiction conjurs labels such as addict, junkie or terms like disease, progressive. For others, the word addiction might provide understanding.

Words in and of themselves are often empty, however, the meaning that is applied to such words and the context in which they are used can evoke powerful messages. Out of respect to the values and beliefs that parents, caregivers, youth and families hold, this workbook will cautiously provide definitions while simutaneously inviting families to recognize their own preferences, values and beliefs regarding substance use language and how words are used within the parent/teen relationship.

Spectrum of Substance Use

Substance use can be considered along a continuum or spectrum of severity. Many youth will engage in experimental substance use and stay with little or no consequence. Some youth will move along the continuum and engage in increased occasional, regular or even intense substance use. Risk tends to increase as involvement with substances increases, while choice and control decrease. Although teens tend to move along the continuum quicker than adults, they also reduce risk and severity quicker than adults. The following continuum shows involvement with drugs or alcohol as ranging from beneficial use to chronic use. Most teens do engage in experimental substance use without more regular, repeated or ongoing involvement.

Stage	Substance Use
Beneficial Use	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/ Problematic 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.

Adapted from Core Addicitons Practice (2008) & Joint Consortium for School Health (2009)

Spectrum of Substance Use Continued...

Stage	Substance Use
Compulsive Use/ Chronic Dependence	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

Adapted from Core Addicitons Practice (2008) & Joint Consortium for School Health (2009)

Change and Substance Use

In most situations, change can be difficult. Change often sparks uncertainty and a sense of instability. Change in regards to substance use is often accompanied by questions "*who will I hang out with now*," fear "*I am afraid to detox*," and even grief and loss "*drugs were the only thing that made me feel normal*."

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."

The stages of change model, developed by psychologists Dr. James Prochaska and Dr. Carlo DiClemente, is a well-known model within the substance use field. This particular model offers ideas that can be useful when explaining processes some move through as they navigate change. Prochaska and DiClemente suggest that most people move through the various stages of change a number of times before being able to maintain change. This means, when making efforts to address substance use, some teens will require multiple attempts before the change sticks. Some may be able to maintain change for long periods of time and others will need additional support in preparing for the change before taking steps to turn the change into reality.

Relapse is often a part of the process of change. This means that sometimes a teen will make changes and then, for various reasons, become re-engaged with substances. Relapse should not be thought of as a 'failure' but as a new opportunity for learning. While supporting a young person to make change, it is important to acknowledge each attempt at change as an opportunity to develop new perspective, awareness and knowledge. 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 initiate efforts towards 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.

By understanding your teen's thoughts and ideas regarding change, their readiness and willingness to move towards preferred directions, you as a parent can come alongside matching your responses and efforts. This awareness will allow you and your teen to move in sync with one other as opposed to against or away from each other. By matching your responses to your teen's sense of readiness for change, you can nurture connection and awareness that may be a factor in supporting your teen to consider alternative options and thoughts for change.

Stages of Change

The following tables note aspects of Prochaska and DiClemente's stages of change model. This is but one way to imagine what change might look like or sound like when a young person is in relationship with alcohol or other drugs. It may provide some frame of reference for understanding processes of change. It may fit for your family or not. Importantly, this resource highlights some of the difficulties associated with change and processes involved. Change is not straightforward, but an ongoing and evolving process.

Precontemplation Description	Parenting Approach
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.	Increase opportunity to begin imparting information by first spending time listening, expressing empathy, and providing gentle feedback. Reduce defensiveness by providing many options for change, support and use (reduce, abstinence, continue) as opposed to directing to only one option. Express hope and optimism about your teen's capacity and ability to make changes. Build confidence by focusing on creating small changes, recognizing the success of each. 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.

Stages of Change

Contemplation Description	Parenting Approach
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.	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. 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. Continue to demonstrate attentive and uninterrupted listening. Highlight strengths and refrain from criticisms, blame, guilt. Focus on encouragement, optimism, and the notion of possibility and hope.

Preparation Description	Parenting Approach
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. Be patient and understanding about how difficult it can be to commit to change. 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.	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. Support your teen to come up with smaller achievable steps for change and then focus on the success of these accomplishments. 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. Provide options and support your teen in choosing options. Provide nurturing feedback, encouragement, and offer support if your teen asks for specific needs (a ride to detox, coming to first counselling session). Slow down. Take time to prepare for what is needed to make change.

Stages of Change

Action Description	Parenting Approach
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.	Demonstrate careful listening and willingness to hear the difficulties related to making changes (loss of friends, urges to use, emotional responses). Provide assurance and encouragement. Be available to talk about adjustments that might need to be made in terms of planning or challenges that come up.

Maintenance & Relapse Description	Parenting Approach
During the maintenance stage your teen 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.	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. 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. Should this be the case with your teen recognize what stage of change they have moved into and respond accordingly. When youth relapse they often move through the stages of change, 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. 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.

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.

Substance Use Treatment

Families play an important role in supporting teens who are considering changes in their relationship to substances. Although they may not express this, and at times, seem not to want support, many teens rely on their families in order to cope with challenges to emotional, mental and physical health.

After learning about your teen's involvement with alcohol or drugs, one of your first action-related responses may be to look for treatment options. There are a variety of treatment options available ranging from community counselling to residential treatment. Treatment needs to be considered on an individual basis and tailored to fit the needs of youth and families. There is no one 'best' way to respond to substance use or one universal 'cookie-cutter' way to address change. Treatment can look like different things and involves unique and exceptional goals and desired outcomes. Addressing problematic substance use is often a process that unfolds, shifts and shapes over time. This process is built upon a foundation of strong socially and culturally relevant resources and relationships with family and professional systems.

Although you may feel the urge to immediately connect your teen to a treatment resource, consider your teen's readiness for change and your experience as a concerned caregiver. It can helpful to invite your teen to express their own ideas of next steps and options for addressing the role of substances in their life. By offering generous listening and opportunities for back and forth dialogue or conversation, many teens are able to take an active role managing changes that increase safety and wellbeing.

An important part of supporting your teen in their efforts to make and maintain change, includes working collaboratively with their support team and other professionals involved in their care. You are the expert in terms of knowing who your teen is and what difficulties, strengths and qualities can support movement towards preferred directions. You are also an advocate for your teen and can, if necessary, ensure that the services involved are meeting needs in a manner that are in line with the expectations of your teen and family. Families are usually the first to notice when things are not quite right and therefore are integral resources in supporting initial steps towards change and ongoing maintenance of change.

Recognizing Resilience Reflection: Adolescent Substance Use

What do you believe your teen would say are the good things about substance use (e.g. social acceptance, coping, managing worry…)?

What do you believe your teen would say are the not so good things about substance use (e.g. conflict, school difficulties…)?

Imagining your teen's current relationship with substances, how would you describe their readiness for change?

What might you do to match your own responses to their current position on change?

Recognizing Resilience: Tips for Responding to Substance Use

- 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.
- Connect with attachment and build the foundation for maturity. Find ways to connect on a relationship level before moving into discussion about substances. Draw out your teens ideas regarding the use of substances. Invite conversation that helps your teen name the benefits and risks of her use. As previously mentioned, many people will engage with substances in order 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 she has that may fulfill these needs.
- Involve your teen in developing of goals and ideas for change. Increase your teen's capacity for being able to create wellness by honoring his 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 his thoughts and encourages him to own the success that could come from setting a goal and turning it into reality. Many youth will have to try a number of times before they can make a particular change stick. Increase problem-solving capacity by offering continued encouragement and opportunities to take responsibility and follow through with efforts towards preferred directions. As a caregiver, you can provide positive feedback while demonstrating belief in her ability. This provides a mirror through which she sees herself and develops a confidence in her capacity
- Fear, anxiety, and sadness about problematic substance use can be powerful. However, if your responses are framed by these emotions, your teen may be less receptive, and you may feel 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. By focusing 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 relationship back into line. It will express to your teen, regardless of whatever decisions he makes about substance use, that you will be the one who will be emotionally available to him, and will be the connection that will bridge the transition between childhood and adulthood.

> **“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 show up and honestly acknowledging the impact, meaning and cause.

Sustaining practices can include a number of possible options.

Emotions of Being A Caregiver: "This is hard"

Loving a teen who is actively involved with alcohol or other drugs can feel terribly sad. Caregivers witness emotional, physical, and social impacts of substance use on their teen and families. Many caregivers find they experience grief and loss as they encounter changes in relationship, uncertainty as they shift boundaries and control, and frustration as they navigate different expectations and ideas regarding parenting, future, safety and freedom.

Parenting a son or daughter engaged with substances can be confusing. Parents often explore vast amounts of information and numerous types of resources. Some will encounter resources and information that fit with their own values and family system; others will run into resources and information that does not suit their needs. Not all resources offer the same information. Information you receive from one source may be conflicting or contradictory from another. For example one resource might support the idea of "tough love" while others promote the notion of connection and "hold tight."

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"

Most caregivers identify encounters with shame, blame and guilt as they navigate adolescent substance use. Social exclusion, secrecy and stigma tend to contribute to negative perceptions of self and in turn, isolation. Parent's often wonder if they contributed to the relationship with substances or find that others seek to point blame. Shame, blame and guilt can be heavy burdens to bear and tend to constrain glimmers of hope and more useful descriptions of ability, capacity and strength. After meeting with other parents in a group process, one parent shared "*we are all doing the best we can, it is pointless to feel guilty.*"

Some additional reactions to adolescent substance use include:

Disbelief/Shock: You may react to learning about your teen's involvement with substances, or the severity of his use, with numbed disbelief. It may be hard to acknowledge that your loved one is actively engaged with drugs. Sometimes it may be too painful to voice your concerns and accompanying worries, fears, sense of protectiveness etc…

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"

Anger: You might notice at times, anger surfacing alongside loss of control, fear and panic. Anger can influence ability to stay connected in relationship and when attempting to communicate thoughts and feelings. Anger can propel action and can also constrain efforts to move forward.

Sadness: You may begin to feel the significance of your situation and a sense of loss in relation to your teen, your ideals, even yourself. You might find that you are isolating and/or feeling that no one can relate or understand what you are going through. At times, sadness may dim glimmers of connection and resilience.

Managing Emotions

Emotions influence sleep, nutrition, sickness, and interpersonal interactions with others. You may find that by bringing attention to and articulating what emotions are showing up that you are better positioned to decide how you will respond to them. Honesty and awareness of the emotional impact of caregiving will increase your ability to stand up to fear, sadness, anger, stress and reduce the distress they cause. Emotions can be managed; they will come and go.

Emotions can be important sources of information. They work as a gauge advising us of how our internal and external world is doing and letting us know when we need to make changes. They 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.

Some emotions are secondary while others may be more primary. 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 masks fear and anxiety masks sadness.

Identifying primary emotions can help you to formulate an appropriate response to manage and cope. For most caregivers, what lies at the foreground of their experience is love. Sometimes understanding that 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 her wellbeing can help to reframe anger and move love and connection to the foreground of your interactions

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***

Honesty

Honesty involves the acknowledgment of emotions and responses without the need to construct excuses, justifications or rationalizations. By honestly articulating emotions and emotional responses you may recognize an increase in choices. These choices can lead to decisions that shift emotions and your responses to them. By honestly acknowledging emotional states and the ways in which situations are affecting you — good or not good — you may experience relief, validation and the emergence of options for growth, coping and managing.

Honest reflection allows for freedom to identify and deconstruct self-imposed and external constraints, inviting permission to shed pressure to be or not be, for example, perfect, financially stable, brave, emotional. Honesty opens space within our lives to acknowledge our genuine needs, abilities and desires. Psychologist Lisa Najavits recommends that in the face of adversity and distress choose the path of self-respect—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 what is truly the meaning that you assign to your life.

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."

Sustaining Self

While caring for your teen, attention to self might seem like an impossible luxury. However, finding ways to sustain your own well-being recharges emotional and mental health and allows for the continued capacity to stand up to emotional exhaustion, distress and ongoing challenge.

The following is a list of ideas for taking care of you. You certainly do not need to participate in all of the provided examples. Start with one and see how it goes.
What other ideas do you have for maintaining your health and supporting wellness at this time in your life?

The following is a list of ideas for sustaining self:

Sustaining self

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. Good support can be helpful in your efforts to address stress and other emotions. 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. As one parent described, "*I realize that when you go and talk to someone, even though they can't 'fix' anything, it is just helpful to go and let it out.*"

Recognizing Resilience Reflection: Grief and Loss

Many parents describe experiences of grief when influenced by their son or daughter's relationship with substances. Some parents grieve a loss of relationship with their teen, some experience loss related to hopes, dreams, control, safety, even loss of confidence. How you experience loss may influence some of your responses to your teen and others around you. Grief and loss can ignite strong emotions, realizations and perspectives.

What emotions have you noticed as you navigate adolescent substance use?

How have these emotions constrained your responses to adolescent substance use and how have they informed your responses to adolescent substance use?

Without being humble, what do you value about yourself during this particularly difficult time?

Recognizing Resilience 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.

How have previous chapters in your own life story influenced current emotions related to your son or daughter's involvement with alcohol or other drugs?

When have you felt as though you had the upper hand over the emotions presently influencing your responses to substance use?

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?

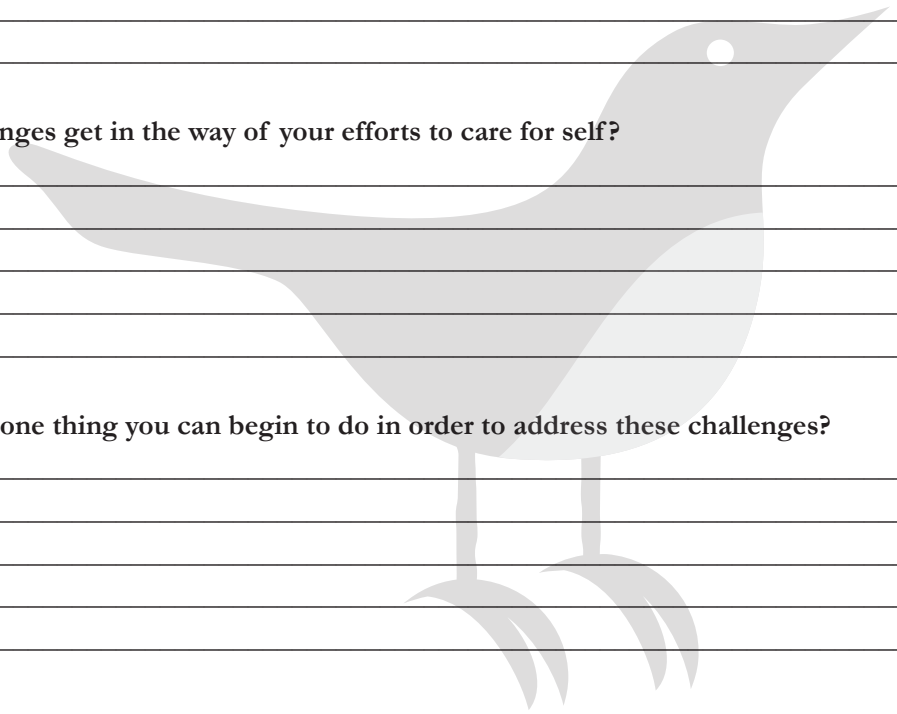
Recognizing Resilience Reflection: Sustaining Self

In the face of adversity, what sustains you?

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

What challenges get in the way of your efforts to care for self?

What is the one thing you can begin to do in order to address these challenges?



Recognizing Resilience Reflection: Sparking Joy

Reflect back on a time when you felt joy. What was happening, who were you with? What thoughts were happening for you? How did joy influence you at that time?

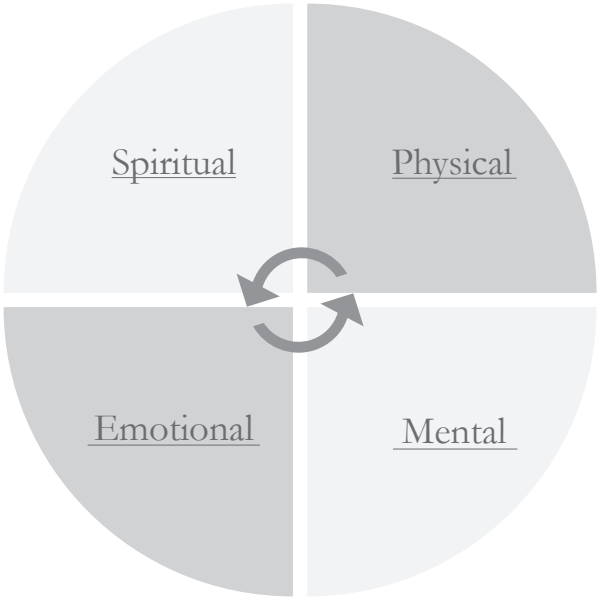
As a parent, how do you encourage joy to show up in your own world? What activities spark joy and who is involved?

As a parent, how do you encourage joy to show up in your teen's world? What activities spark joy and who is involved?

When you think forward towards a future that has joy, what do you notice? How can you start to move towards this vision of joy for yourself, your teen, your family?

Recognizing Resilience Reflection: A Balanced Picture of Wellness

Care of physical, mental, emotional and spiritual needs can rejuvenate and refresh during times of distress and challenge. Activities that sustain wellness reduce stress, increase energy, patience and happiness. Take a look at the following image. Consider how you are striving for wellness in each of the highlighted areas



What areas of the wheel are you already focused on or developing?

What areas are more difficult to address than others?

In what ways will you add to your picture of wellness?

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.

> **"If you become a bird and fly away," said his mother, "I will be a tree that you come home to."**
>
> *Margaret Wise Brown*

Attachment

Connection and belonging are basic human needs

Relationship is an important aspect of overcoming adversity.

Focus on relationship when navigating substance use concerns.

Attachment: "So this means that all we can do is love our kids"

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."

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 is usually formed within our first relationships with parents and 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 the teen years, it is important for parents to maintain a focus on attachment by holding onto relationship. 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

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 mutli-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 teen. Validate your own knowledge and recognize your own insider wisdom.

Substance use can get in the way of relationship. Consequently, it may have been a while since you and your teen have had connection or have spent time together. There may be conflict, anger, distrust or physical distance that has placed a wedge in your relationship. Although it is important to have quality time and affection, it may not feel natural or comfortable at this time. Attachment can be more simply revisited by initiating eye contact, or by sharing a gentle, genuine smile. It may be sparked by a non-threatening "*Good morning*," "Have a good day," or warm "*Good night*." It might be a subtle wink or a few moments sharing the same space (sitting on the couch while watching a show together).

"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

"Relationship building is an endurance event."
(Brendtro, Brokenleg, VanBockern, 2002)

Despite the fact that you have probably experienced disrespect and hurt, part of re-establishing yourself as the alpha is initiating this refocus on relationship. You are in control of the bond; you are in charge of all aspects of parenting, the boundaries and expectations as well as the affection and gratification. Your efforts to maintain some connection will indicate to your teen that your relationship is ongoing and despite the distress at hand, will survive.

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.

Attachment is a need throughout the lifespan. Although you are focused on building relationship with your teen, you as an adult also have attachment needs. 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 involves intimate relationships with people whom you are able to reply upon and vice versa. Unless your needs as a caregiver are taken care of, it can be difficult to provide closeness and connection for your teen.

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.

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."

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.

Recognizing Resilience Reflection: Considering Your own Attachment Needs

Who do you feel close to?

Think about a time or experience when this person demonstrated care or nurture. What happened? Who was there? How did this impact you?

What was it about yourself at that time that allowed for the relationship to be so nurturing?

Think about a time in which you were called upon to be nurturing and caring towards your child/teen. What happened? What did you provide during this time? How did it impact your child?

What is necessary at this point to meet your own needs for attachment? What is necessary for your teen?

At this time, what are the first steps that will invite relationship to move into the foreground and alcohol and other drugs to move to the background?

Recognizing Resilience 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?

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.

“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 Shake-speare, 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.

Your approach as a caregiver is an ongoing, fluid, evolving and shifting effort. At any given time, how you position yourself as a parent is influenced by historical learning, cultural beliefs, values, people, situations and events. Understanding what factors influence your approaches to parent can increase your sense of control over how you respond 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."

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 relationship 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.

Quality time can be brief and infrequent. It may be as simple as a 10 minute car ride to the grocery store to pick up ingredients for dinner or a favorite cereal. It may be an evening departure for ice cream, or a silent walk in the woods. It may involve an activity your teen used to like but have not had the opportunity to do (e.g. biking, kayaking, lacrosse, or painting). Quality time can be planned or can be spontaneous or spur of the moment. Quality time adds genuineness and closeness to the relational fabric that allows you together to create opportunities for communication and change.

Dialogue is a back and forth dynamic that involves both sharing and listening. When communicating with your teen, it is important to not only provide information, advice or perspective but to also listen. Listen, listen and listen some more. Even though you may not agree with or feel comfortable hearing what your teen is saying, give them space to speak and time to process their thoughts. It might take a while to get the conversation going and you may find much silence passes before words are shared. When words do come, offer subtle head nods and even curious questions "*what happened next*," "*what was that like for you*," "*what else would you like me to understand?*" You might find that only once your teen has had an opportunity to share will you have the space to offer to your thoughts. Express your ideas and opinions, leaving room for back and forth contributions, questions and silence.

Should the conversation go awry and conflict begin to spark, invite a moment to break and commit to continuing once all parties feel ready, "I see that this is getting difficult to talk about and I want to be sure we can resolve this. Let's take a break and come back. I will be here and ready."

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

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. Boundaries are protective, serving as invisible barriers to external 'threats' to our well-being. Boundaries are often demonstrated through what we wear, what we talk about and what we are willing and able to do for others. Boundaries are important features for maintaining healthy relationships with others and self.

Boundaries are fluid. At times boundaries may seem too flexible and may be experienced as compromising in ways that create discomfort or further challenge. Similarly, boundaries can be experienced as too rigid, risking physical or emotional availability. Boundaries shift based on unique situations and learning. What once might have been unacceptable may become a new and appropriate norm. In regards to adolescent substance use, many parents identify shifting boundaries in attempts to manage, cope with, and even reduce potential harms related to substance use. When considering boundaries, maintain structures that demonstrate a willingness to support while also allowing for space to empower thinking, feeling and decision-making. One parent shared, "*I have just realized that I can't do it for him. I used to think I could force him to do this or do that or force him to go there and I realize that doesn't work. I can set restrictions and boundaries for myself, about what I can tolerate or put up with, but I can't force him to want to make that change.*"

Developing boundaries that feel comfortable and fit for your unique family, world view and personal experience involves honest reflection on what you, and your family as a whole, will and will not tolerate. Listen to your own voice as well as the thoughts and concerns of others in your family unit. Identify the primary boundaries that you and your family share in common and agree to maintain, for example safety from physical and emotional harm, respect for property, privacy. Honestly and calmly talk with your teen about these boundaries and what they involve. Explain that these boundaries are necessary for the family to function and will remain intact and consistent.

As previously mentioned, some boundaries may need to be revised as your situation changes. Not all boundaries are permanent. Some will be expressed differently or defined as your teen's relationship with substances changes. There are no right or wrong ways to define boundaries. You and your family will define what is necessary to protect the core values and beliefs, safety and integrity of those you love.

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.

Communicating Rules

Brenda: "I let her walk all over me and I don't know why."

Rules, similar to boundaries, are important protective mechanisms that maintain the health, safety and comfort of family members. Regardless of the context, it can be difficult to hold conversation about boundaries and rules without surges of frustration and disagreement. In order to reduce this frustration, let your teen know that you would like to start a conversation about rules. This might include reinstating some previously lost privileges or reframing existing expectations. Ask your teen to contribute to the discussion by picking the time and place and inviting input and assistance in defining what rules and privileges sound like and include.

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.

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?

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.

Managing Aggression

Aggression is challenging. Facing aggression can be difficult, frightening and even sad. When aggression shows up, it signals that something in your teen's life is not working or is causing distress. When you see aggression, it may be for a variety of reasons including challenge related to peer, social, school groups, a result of being under the influence of alcohol or other drugs, a symptom of withdrawal from alcohol or other drugs. As a result of attachment, people often direct frustration towards those with whom they are (or want to be) closest to.

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 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. 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, is thinking about suicide, is overdosing from alcohol or other drugs, 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.

Recognizing Resilience Reflection: Being a Parent

From his text Appreciative Inquiry (2000), David Cooperrider provides some thought provoking questions. Visualize or write your throughts 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.

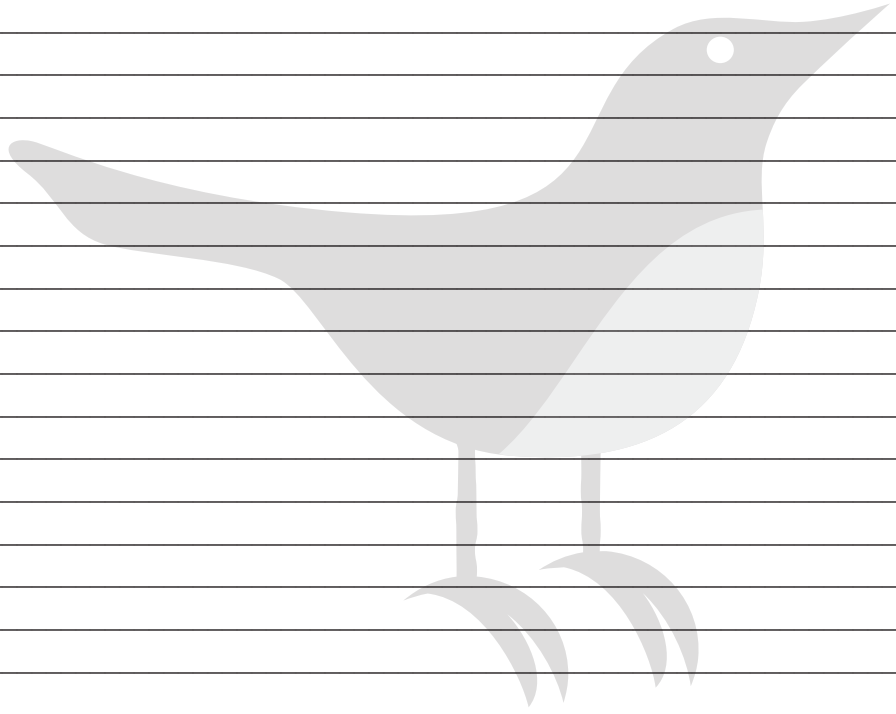
Can you think of a particular moment when you felt good about yourself as a parent? What was happening? What were you doing? How was your teen responding?

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?

Recognizing Resilience Reflection: Learning from Parenting

What have you learned about yourself that you were not aware of before you became a parent? What strengths have you realized that you have gained as a result of being a parent? What one specific quality that you possess would you like to see your children have as well?



Recognizing Resilience 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 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?

What events or situations during your own adolescence may be shaping how you ar responding to behaviours or concerns with your teen as s/he navigates through adolescence?

Having completed this reflection, what have you learned about yourself?

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 not a destination but an ongoing process.

Hopefulness is possibility in the midst of adversity.

Hopefulness can be sparked by embracing uncertainty and small measures of action.

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

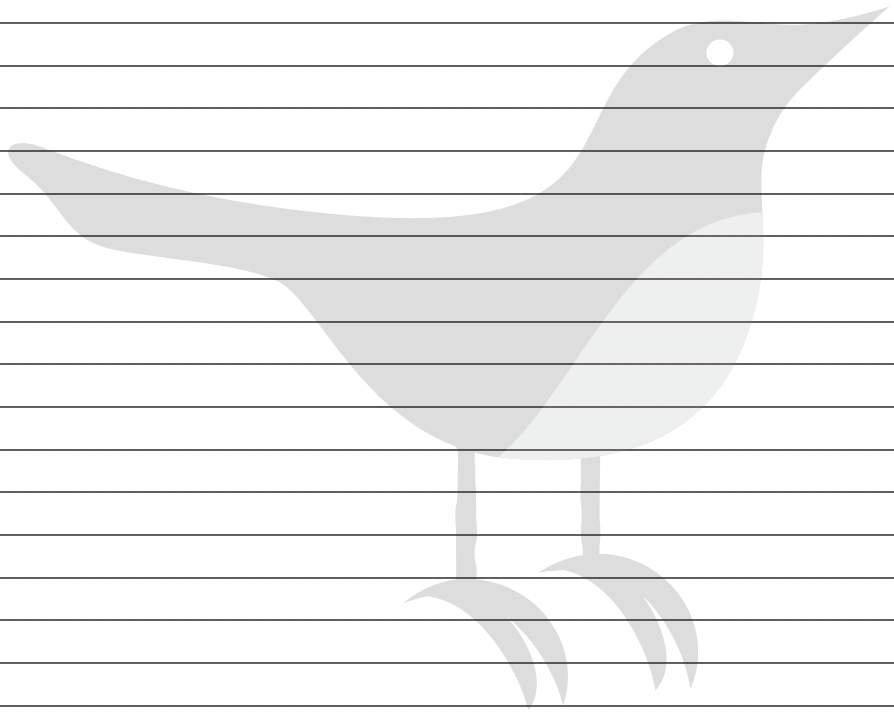
The idea of hope might generate ideas of a destination or goal when everything is fixed, better or back to a previous norm. However, as most parents affected by adolescent substance use describe, without answers, solutions or having the situation fixed, glimmers of adapting, coping and resilience still exist. Some parents have found that the term hopefulness better describes their ability to make meaning of the adversity they've faced, to celebrate the small measures of action versus grand leaps, and to weather uncertainty and discomfort of not knowing. One parent shared "*Some days there is hope and then some days you see disaster in the future, for me hope comes from being able to accept that at this point it is going to be what it is going to be.*"

For some teens, a relationship with substances can endure for extended periods of time, can include multiple pathways and resources and can be unpredictable. There will be times when hope feels diminished—when the curfew time comes and goes without a phone call, when the school calls with another reported absence, when another argument leads to a slammed door. As a caregiver you may find the emotional rollercoaster continues to offer ups and downs. During the lows, hang on, know that you are not alone, believe that this will pass, and know that you will be able to persevere. Hope nurtures growth. Hope stands up to judgment and invites growth, strength and belief in ability. Hope can sometimes feel dishonest or disingenuous, however by acknowledging glimmers of possibility and preserving important threads of relationship hopefulness will shed light on those moments that seem most dire and bleak. After participating in the *Recognizing Resilience* group for parents of teens actively involved with substances, one parent shared "*You realize there are times of hopelessness and small measures of getting better. I have come to realize you have to take those little pieces that were encouraging and go with them.*"

Colin: " They are not out of the thick of it yet. We are all in a process; we are all being shaped as we go. I know it is not, 'I got to that point and now I am done, I'm fixed now!' There will be good days and bad days and hopefully there will be more good days."

Recognizing Resilience Reflection: Hope

What gives you hope?



Recognizing Resilience 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?

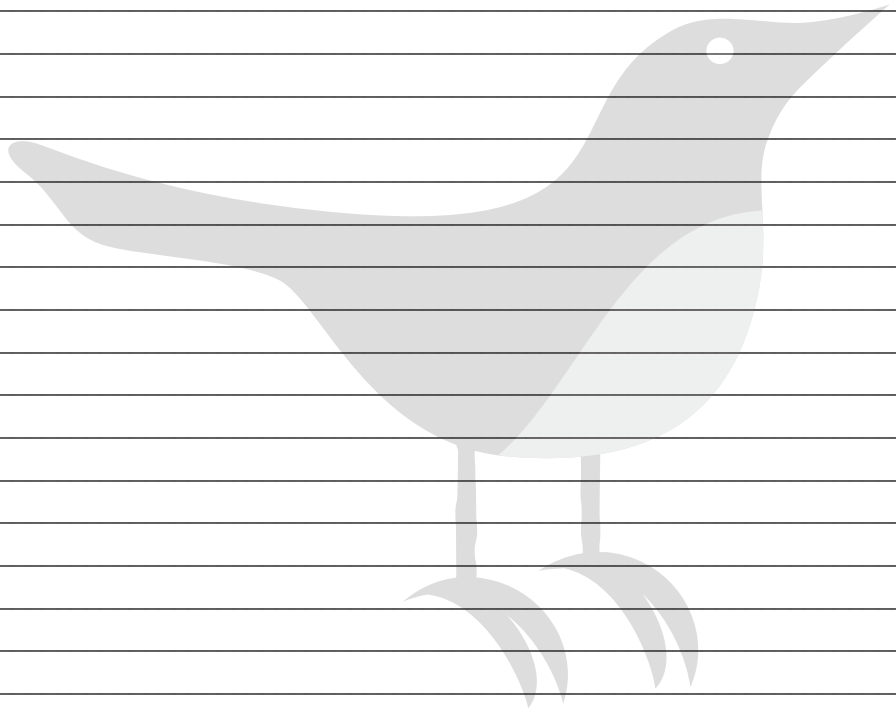
What are you already doing to make this happen?

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 will you continue to face and adapt to difficulties—what are the necessary ingredients for resilience to thrive?

Where do you go from here?



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)

Fentanyl

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.

If your teen is involved with opiates learn more about how to prevent overdose and BC's take home Naloxone program at www.towardtheheart.com.

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.

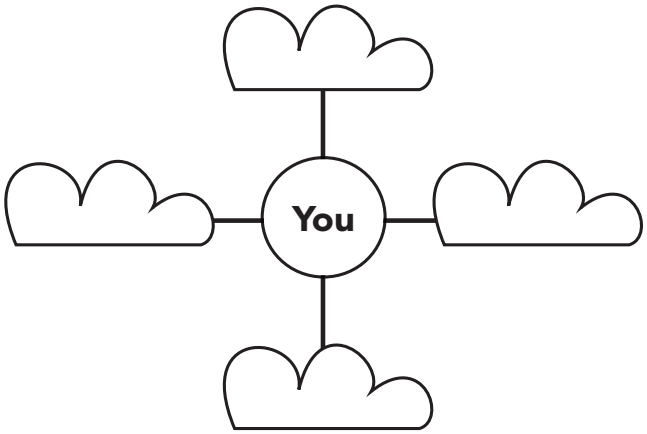
Rather than blaming or shaming, you may be better able to support your teen by finding support for yourself and addressing anxiety and frustration. Focus once again on your teen's abilities, competencies, and strengths as a person. Bring yourself back in line with the relationship and, just as you might 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."

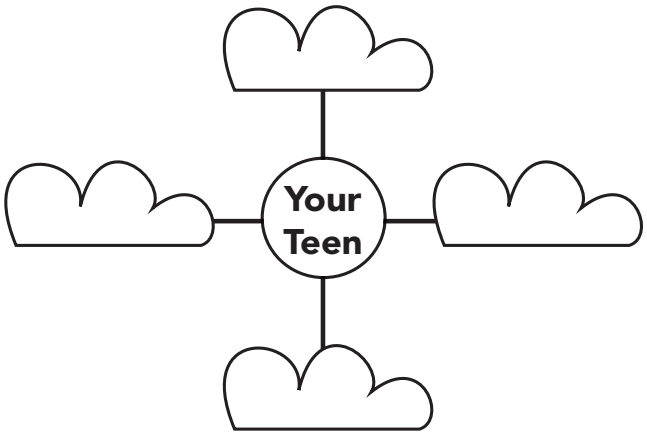
Recognizing Resilience: Tips for while your Teen is in Residential Treatment

- ***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.

Recognizing Resilience 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?





You Write the Next Chapter:

"Where do I go from here?"

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.

McCune, S. A. (2014). *Privileging Voices of Parents Influenced by their Adolescent's Use of Substance: Interpretive Description of Generative Dialogue in a Collaborative Group*. Tiburg University: Tilburg

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.