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ABSTRACT

This document presents practical suggestions for student assistance workers who might work with chemically dependent adolescents. It illustrates the stages of chemical dependency, discusses the progression of dependency in adolescents, and provides guidelines for identifying a chemically dependent adolescent. Since chemically dependent persons often have people around them who enable their disease to progress, lists of enabling behaviors are provided which can be used to show parents, friends, or school staff unproductive enabling behaviors. A section on identification and intervention within the school discusses working through a student assistance program, intervention with parents, signs and symptoms of chemical use and suggested behaviors for staff anecdotal reports, a sample student anecdotal report form, self-identification and awareness questions for intervention with students, and flow charts for intervention and student assistance. The guide discusses how to help a student in treatment and how to deal with students who return from treatment. Suggestions are given for starting an in-school support group, including information on how to structure support group meetings, guidelines for group interaction, aids to group processes, and support group topics for discussion. A checklist of symptoms leading to relapse, a relapse prevention chart, a recovery chart, and a mood chart are included. Resources available through Tennyson Center are described. (NB)

Student Assistance Guide for Chemical Dependency

Tennyson Center

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Introduction

At Tennyson Center we acknowledge the high probability of multiple drug abuse, the difficulty of assessing addiction, and the physiological and psychological differences between teen and adult progression of the illness. We also acknowledge the great importance of peer relationships in both the development of the problem and recovery from it, and the great need for an extended support system at all stages—from intervention through long-term recovery.

Teens spend the greater part of their lives in school and school-related activities, giving teachers and counselors ample opportunity to observe them.

In this booklet you will find some practical suggestions for working with a teen you suspect has a problem with chemicals and the teen who is identified as chemically dependent.

This booklet is not intended to replace ongoing staff and student training. It is a simple guide for those moments when you're not sure which step to take or when you have five minutes to get ready for a support group and need a boost. It is for all of you out there helping one teen—or 20—stay sober and straight.

About Student Assistance Policies

We believe that a school system committed to its children and their health will provide and maintain both employee and student assistance policies and procedures. These policies should recognize that people may have personal or health problems that interfere with job/school performance and will encourage employees and students to seek professional help on their own. Included should be a proviso that the school may recommend an assessment based on information gathered at school.

An assistance policy does not replace disciplinary policies, it enhances them.

Many school counselors, teachers and nurses have tried over the years to put procedures in place without the policy and administrative support to back these procedures. Other schools have expertly drafted policies but don't allow staff time or space to implement them. The two, policies and procedures, can be developed in tandem. If you don't have both, persist until you do.

About Chemical Dependency

Stages of Chemical Dependency

Healthy people live on a continuum between pain and euphoria. We spend most of our time in the normal ranges with periodic swings to the euphoric side when great accomplishments occur in our lives like falling in love or getting a bright, shiny new car. Pain is connected with loss or disappointments such as death or smashing the shiny car.

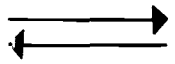
Chemicals—including alcohol, marijuana and other drugs—induce euphoria and pain.

Here are four stages of chemical dependency and illustrations of where the chemically dependent person is on the path of pain, normalcy and euphoria.

Stages of Dependency:

1. Learning the mood swing

PAIN/NORMAL/EUPHORIA



A. Source—Friend, sibling, parent
B. Feelings—Likes excitement, "good"
C. Drugs—Tobacco, alcohol, marijuana
D. Behavior—White lies, sneaking
E. Frequency—Sporadic

Summary: The power of the chemical is discovered. The chemical always makes him feel great and euphoric. He returns to normal after the chemical wears off. He learns to control the mood swing by regulating the quantity of drug used.

2. Seeking the mood swing

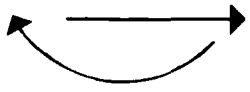
PAIN/NORMAL/EUPHORIA

A. Source—Buying
B. Feelings—Excited, proud, some guilt
C. Drugs—Same, uppers & downers, hashish, inhalants
D. Behaviors—Change in appearance & peers, mood swings, school problems
E. Frequency—Varied, some pattern

Summary: The frequency and range of use continues to grow, but chemical use is still confined to appropriate times and places. Self-imposed rules are developed (never before 5:00). The chemical still moves him toward euphoria and back to normal with the exception of the few hangovers, and he knows how he became hung over.

3. Preoccupation with the mood swing/harmful dependency

PAIN/NORMAL/EUPHORIA

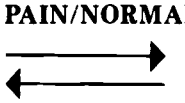


A. Source—Selling
B. Feelings—Peaceful, depressed, guilty
C. Drugs—Same, PCP, LSD, cocaine
D. Behaviors—Family fights, police incidents, school problems, anger, OD
E. Frequency—Patterned

Summary: In some cases the disease process now begins for the family. The user begins to suffer losses in his life. Family problems become centered on chemical use. The user can no longer predict the chemical's effect, and he no longer returns to normal. Delays in use create anxiety in the chemically dependent, and he becomes frustrated. Tolerance grows. The user needs to have a ready supply of chemicals at hand. Compulsive chemical use leads to unpredictable behavior which leads to using more chemicals to smooth over negative feelings.

4. Using to feel normal

PAIN/NORMAL/EUPHORIA



A. Source—Anyway possible—sex, theft, selling
B. Feelings—Guilt, shame, depression
C. Drugs—Drug of choice plus whatever ones are available
D. Behaviors—Physical destruction, mental deterioration, "zombie"
E Frequency—Patterned

Summary: The chemically dependent person uses drugs to reach what he remembers as normal. Euphoria may now be beyond the chemically dependent teen. If dependency is not arrested, the chemically dependent individual may die. There is a loss of desire to live. There is complete spiritual barrier. There is physical deterioration.

Identifying a Chemically Dependent Teen

Chemical dependency in teenagers, just as in adults, is a primary, progressive, chronic, treatable disease. It is not a passing phase, or a symptom of some other underlying disorder. If left untreated, it will not get better. It can only get worse.

Though all adolescents experience emotional changes due to the stresses of growing into adulthood, clusters of the following behaviors may signal chemical dependency:

- Sudden, noticeable personality changes
- Severe mood swings, depression or agitation
- A change of peer groups
- Worsening grades
- Loss of interest in extra-curricular activities
- Decreased interest in family activities
- Irresponsible attitudes toward household jobs and rules
- Neglect of personal hygiene
- Changes in sleeping or eating habits
- Sudden weight loss
- Increasing dishonesty
- Trouble with the law such as DWI, shoplifting, theft, possession of drugs
- Truancy or tardiness from school
- Denial of drugs or alcohol being used
- Hiding drug paraphernalia, roach clips, pipes, bottles, etc.

Progression of Chemical Dependency in Adolescents

First Stage: Learning
- Occasional use of beer or pot
- Weekend use
- Easy highs

Second Stage: Seeking
- Increase in tolerance
- More parties
- Late hours
- Willingness to suffer hangover
- Use on work/school nights
- School problems beginning
- Blackouts beginning
- Use when alone
- Planning ahead for next high
- Use before school
- Experimentation with different types of drugs such as acid, speed, cocaine

Third Stage: Harmful Dependency
- Use of harder drugs
- Need for more money
- Use of more drugs; tolerance increases
- Theft
- Lying/hiding of drugs
- Possible law problems
- Efforts to cut down
- All friends are users
- Fights with parents
- More serious school problems
- Family problems

Fourth Stage: Using to Feel "Normal"
- Highs during school
- Escaping self through drugs
- Need to be stoned to feel normal
- Loss of weight
- Memory loss
- Thoughts of suicide
- Guilt feelings
- Low self-esteem
- Self-hate
- Denial of problem
- Casual sexual involvements
- Parents feeling hopeless
- Loss of control

Enabling

Chemically dependent persons often have people around them who help or enable their disease to progress. These lists of enabling behaviors may be used to show parents, friends or other school staff some of their unproductive behaviors. Recovery for the teen is more likely when loving, constructive consequences meet symptomatic, chemically dependent behavior.

Persons concerned about the chemically dependent teen should be encouraged to attend Tennyson Center's Community Education series and regular support group meetings like Alanon or Parents Helping Parents.

Examples of Enabling Within the School

"Enabling" can be defined as anything we do which allows the disease to continue. In the school setting, some examples of enabling are:

1. Accepting lies or excuses without confronting them.
2. Making allowances for rude or disruptive classroom behavior.
3. Condoning sleeping or resting in class or assemblies.
4. Excusing or overlooking behavior problems as "just a phase," including skipping class.
5. Transferring a student to another placement, such as S.B.H. class, without identifying the underlying cause.
6. Accepting late or incomplete assignments without consequences/confrontation.
7. Overlooking inappropriate out-of-classroom behavior.
8. Not reporting out-of-school issues that students confide in you that have a bearing on classroom performance.
9. Allowing students to draw you into an argument so that you are distracted from the real issue.
10. Doing nothing with your information

Enabling Behaviors

Enablers: Protect chemically dependent persons from the consequences of their dependency; motivations include fear, shame, anger, blame. Enabling is a sincere effort to help and comes out of love and loyalty.

Payoffs: They come from everything we do—sometimes subtle, sometimes obvious, sometimes positive, sometimes negative.

Example: Possible payoffs for the family of a chemically dependent person.

1. The family gets possible strokes for "putting up" with this person.
2. The family can avoid personal relationship problems by focusing on the chemically dependent child.
3. The parents can award themselves with "supermom" and "superdad" awards. "I can handle this."

If you do not get pay-offs for new, non-enabling behaviors, you will return to old behaviors.

Ways enablers respond to drinking/using:
Excuse behavior because it is seen as normal.

Example: "Everyone gets drunk on New Year's Eve."
"He's just blowing off steam."

Excuse behavior because it is seen as the result of another problem.

Example: "It's just a phase."
"It's because of peer pressure."

Interventions: Realize a problem exists.
Arrange for treatment.
Confront the chemically dependent person on his/her dependency.

Enabling Behaviors:

- Denying
- Drinking and using with the dependent person
- Justifying
- Keeping feelings inside
- Avoiding problems
- Minimizing
- Protecting
- Tranquilizing with food or work
- Escaping
- Blaming, criticizing or lecturing
- Taking over responsibilities
- Feeling superior
- Controlling
- Enduring
- Waiting

Enabling Behaviors Specific to Students

- Covering for drug-related behaviors, such as calling parents for a friend and saying that friend is at a school activity when he/she is actually drunk.
- Driving a friend home when drunk—over a long period of time (see alternatives)
- Doing a friend's school work or allowing him/her to copy because they were not responsible enough to prepare the work.
- Keeping a friend's paraphernalia for him/her.
- Ignoring crazy behaviors.
- Loaning a friend money for drugs/alcohol.
- Breaking the law for a friend (driving while a friend is using, breaking and entering, etc.).
- Falling for a friend's denial of dependency problem.
- Not sharing concern, feelings, anger, etc. with a friend over his/her use.
- Allowing a friend to desert the friendship and turn to a new group of "using" friends without confronting him/her.
- Not seeking help.

Alternatives to Teen Enabling:

Example: When asked repeatedly to drive a friend home because he/she is drunk:

—Let parents/counselor know that you are driving the friend home.

—Confront friend with concern for behaviors:
"I feel very worried about what's happening to you" (skipping classes, changing dress code, etc.).
"I feel angry that you always ask me to drive you home."
"I feel upset to see you with new friends who are users."

—Never try to reason with an angry or drunk person.

—The more consequences your friend experiences because of his/her behavior, the sooner your friend will realize he/she has a problem.

Identification and Intervention Within the School

Working Through a Student Assistance Program

One person or a core team of three or four in a school building may be designated to coordinate and implement a student assistance program.

Students may refer themselves for help, or an adult working in the building may suggest that a student needs help. Some students may be referred to the team as a step in disciplinary procedures.

The coordinator will send behavior checklists to the adults that teen has regular contact with, including teachers, coaches and non-teaching staff. (Refer to "Behaviors List and Student Anecdotal Report" on pages 7 and 8.)

School personnel are not asked to be diagnosticians. Teachers, cafeteria workers, bus drivers and others are in an ideal position to notice changing behaviors and document them. Individually, a person's reporting may be inconclusive. But in context—when reviewed by the student assistance coordinator—they could support a recommendation for a professional assessment.

The student assistance coordinator will summarize the collected reports and take one of the following step

Refer the student to alcohol/drug information sessions. He/she may be abusing chemicals and need education to stop. Or, the student may need the arena of an insight group to assess his/her own chemical involvement.

Result: A. The student signs a no-use contract and is in no further need of assistance.

B. The student signs a no-use contract and agrees to meet regularly with coordinator.

C. The student acknowledges need for further action and parents are advised to seek professional help for the student.

D. The student denies any problem. If the insight facilitator disagrees, proceed to intervention.

Intervention with Parents

Do not confront the student's parents until you have a well-documented case. Unless you can show them sound evidence of their child's problem, they are likely to become defensive and deny there is a problem.

Once documentation is gathered, discuss an approach with involved staff. Select a small number of involved staff to participate in a family conference. Keep in mind that too many staff present at such a session may intimidate parents or create an atmosphere that is perceived to be "hostile." Reach staff agreement in advance of the meeting as to what your specific recommendations to the family will be. Actually role-play or rehearse it, having staff play the parts of student and parents.

Result: A. Parents agree to seek outside assessment and follow recommendatons. Prompt parents to call for an appointment at Tennyson Center, immediately. Encourage them to make the call right from the school, before they leave.

B. Parents refuse to admit problem and/or refuse to seek help. Establish a "no use" contract which requires both student and family to seek help if chemical use and/or the described symptomatic behavior continues. Such willingness to seek help can be made as an alternative to suspension and/or expulsion from school.

Signs and Symptoms of Chemical Use: Suggested Behaviors List for Staff Anecdotal Reports

Physical Symptoms

- Acting intoxicated or "high"
- Redness of eyes or droopy eyelids
- Imprecise eye movements
- Wearing sunglasses at inappropriate times
- Abnormally pale complexion
- Change in speech patterns and vocabulary
- Frequent, persistent illnesses, sniffles, or coughing
- Change in sleep patterns (insomnia, napping, sleeping excessively)
- Repressed physical development
- Sudden appetite, especially for sweets; "munchies"
- Unexplained weight loss or loss of appetite
- Neglect of personal appearance; change in grooming habits

Behavioral Signs

- Unexplained periods of moodiness, depression, or anxiety
- Feelings of irritability, oversensitivity or hostility
- Strongly inappropriate over-reactions to mild criticism or simple requests
- Lessening in accustomed family warmth (avoids interacting and communicating with parents; withdraws from family activities)
- Preoccupation with self and less concern for the feelings of others
- Loss of interest in previously important things such as hobbies, sports, activities
- Loss of motivation and enthusiasm
- Lack of energy and vitality; lethargy
- Loss of ability for self-discipline and assuming responsibility
- Need for instant gratification
- Change in values, ideals, and beliefs
- Change in friends; unwillingness to introduce friends
- Secretive phone calls
- Periods of unexplained absence from home or school
- Disappearance of money or items of value from home
- Tattoos

Observed School Changes

- Decline in academic performance; drop in grades
- Reduced short-term memory, concentration, and attention span
- Loss of motivation, interest in, or participation in school activities
- Frequent tardiness and absenteeism
- Less interest in participating in class
- Sleeping in class
- Untidy appearance, dress, personal hygiene
- Slow to respond, forgetful, apathetic
- Increased discipline required due to behavioral problems
- Change in peer group
- Drawings of marijuana leaves, beer cans or other drug-related items on books.

This list may be sent out with the anecdotal report.

Student Anecdotal Report

Date _____ Please Return By _____

Dear _____ _____ :
teacher staff member

I would appreciate your comments on _____

who is in your _____ _____ during _____ period.
course activity

Please check all appropriate responses
Thank you.

_____
counselor

Attendance Office Only

_____ # of tardies

_____ # of absences

Academic Achievement

a. ___ is doing satisfactorily
b. ___ has improved recently
c. ___ sudden decline in grades/performance
d. ___ gradual decline in grades/performance
e. ___ consistently fails to turn in homework
f. ___ achievement hurt by absences
g. ___ suspected of cheating

Physical Behavior

a. ___ stable and appears healthy
b. ___ frequent requests to go to restroom
c ___ frequent requests to go to the nurse
d. ___ occasionally drowsy/lethargic in class
e. ___ has "excused" absences often
f. ___ glassy, bloodshot eyes
g. ___ poor personal hygiene & inappropriate dress

Academic Performance

a. ___ current grade average
b. ___ missing homework c. ___ missing assignments

Classroom Behavior

a. ___ cooperative, positive attitude
b. ___ negative, defiant attitude
c. ___ frequently talking/disruptive
d. ___ extremely moody
e. ___ unusually hyperactive
f. ___ unusually withdrawn
g. ___ obscene language or gestures
h. ___ change in behavior throughout the day

Social Behavior

a. ___ appears well adjusted/happy
b. ___ defensive with adults
c. ___ marked change of friends
d. ___ talks about alcohol/drug use
e. ___ known to have family problems
f. ___ a "loner"
g. ___ seems to follow to have friends

Comments _____

_____

_____

_____

_____

☐ Student not to see this form ☐ Form to be summarized and destroyed

Self-Identification or Awareness for Intervention with Students

Some schools offer information sessions or insight groups where students can learn about chemical abuse and dependency and assess where they are on the continuum of dependency.

These exercises should be undertaken with great care. It is advisable for the insight facilitator to consult with chemical dependency professionals before undertaking such sessions or to have indepth chemical dependency training.

Remember, insight groups are a step in the process where students either conclude chemicals are harmful and sign no-use contracts or identify their own need for further help.

Some material to cover includes:

Preoccupation with Alcohol/Drugs
How often or how much do you think or talk about alcohol or drugs?
How important have alcohol or drugs become in your life?
What things do you consider more or less important than alcohol or drugs?
Describe the nature of your preoccupation with alcohol or drugs.

Blackouts
Have you ever had a period in which you temporarily lost your memory without losing consciousness?
Have others described behavior of which you have no recollection?
How did you feel about this memory loss?
Why do you think this memory loss happened?

Rapid Use
When you use drugs or alcohol, is your goal to "get off" fast?
What techniques do you use to get high quickly?
Describe the feeling that you get from a rapid "rush"
Have you ever choked or gotten sick from trying to get high too quickly?

Unplanned Use
Have you ever intended not to use, but used anyway?
If you didn't want to use, what were your feelings when you were offered drugs?
How did you feel when you used against your better judgement?
In your estimation, why did this happen?

Using Alone
Have you ever gotten high alone?
Did you enjoy getting high alone?
What do you like about getting high alone?
Do you enjoy being alone more than you do while getting high with friends?

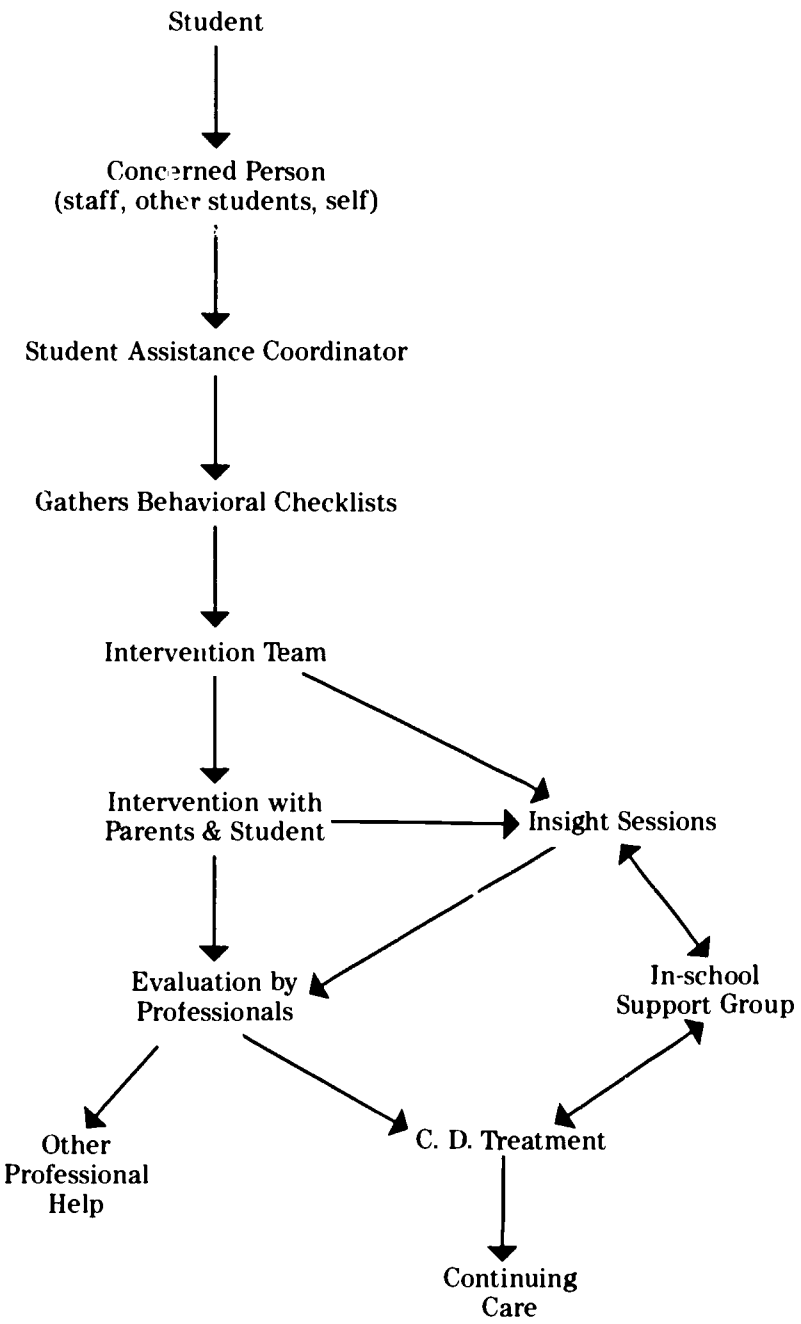
Increased Tolerance
Do you find that it takes you more of a drug, or more alcohol to get high?
How much alcohol or drug of choice did it take you to get high when you first started? How much does it take now?
Why do you think that this is happening?

Protecting Supply
Do you keep a hidden supply of alcohol or drugs?
How do you feel when your drug or alcohol supply is running low? What do you do?
Will you share your alcohol or drugs with friends when you are running low?
What do you think about doing when your alcohol or drug supply is low and you are out of money?

Intervention Flow Chart

This chart identifies the steps taken with a student to intervene when problem behavior occurs.

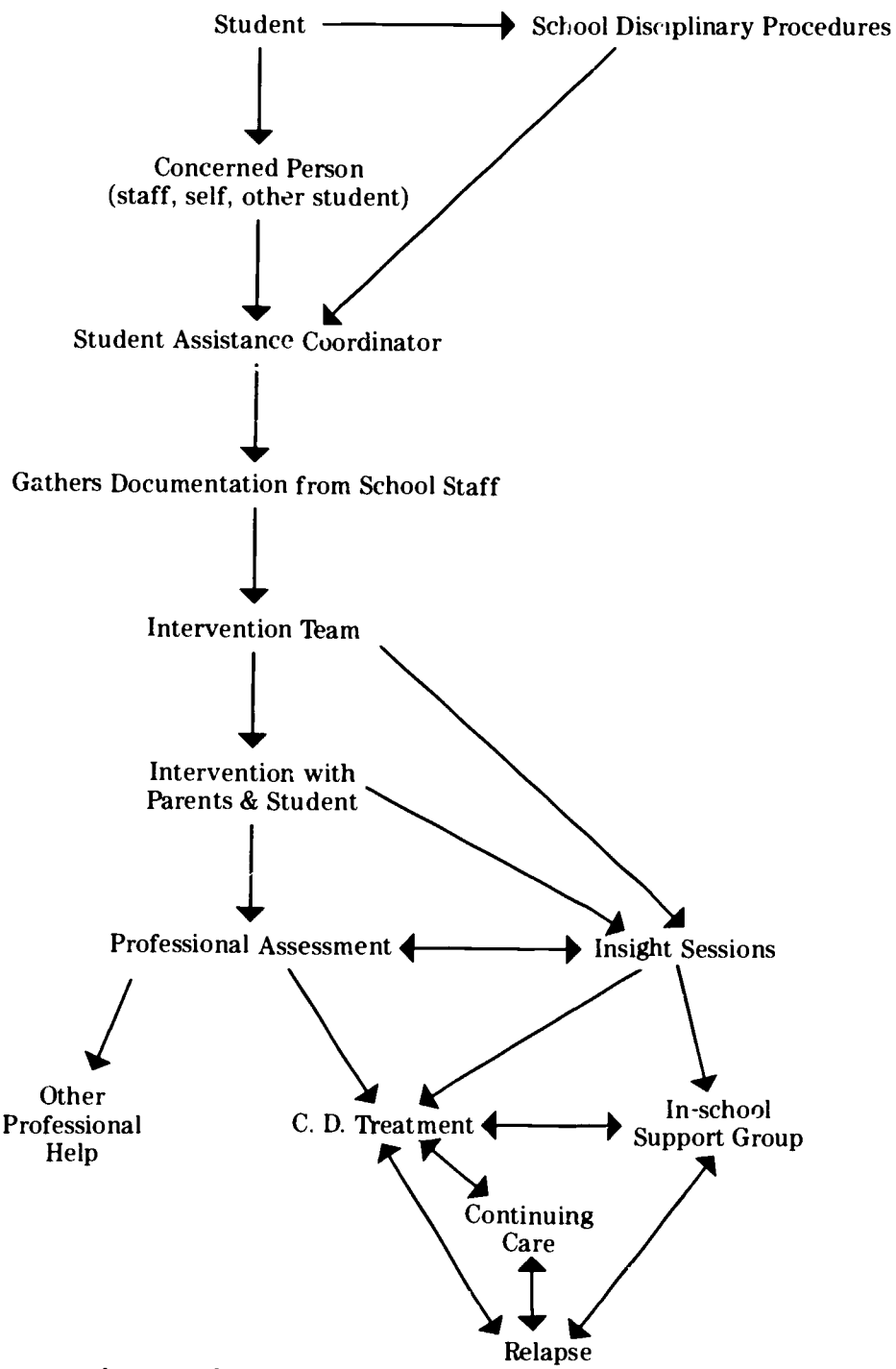
Intervention Flow Chart



Student Assistance Flow Chart

Teens may receive help either voluntarily or involuntarily. Here is one model of student assistance programming.

Student Assistance Flow Chart



The path of recovery may take some sharp turns.

Supporting Students During and After Treatment

How to Help the Student Who is in Treatment

When a student assistance coordinator refers a student to Tennyson Center for assessment for treatment, our admissions staff will notify you within 24 hours of our recommendations.

When the student is admitted to one of our programs—either inpatient or outpatient—you are invited to attend weekly case conferences. Your information about behavior at school is invaluable, and you will learn about the issues emerging in treatment that will be important to the teen's recovery. You may also visit the student and begin paving the way to re-entry into school.

Most students feel it is frightening to be in treatment and even more frightening to think about going back to school. Some of the things you can do at school while the student is gone are as follows:

- Advise teachers of the teen's absence.
- Ask teachers to modify academic expectations.
- Educate your building staff about chemical dependency.
- Remember the rules of confidentiality.
- Refrain from discussing the student in the halls or in the teachers' lounge.
- Attend Alanon or open Alcoholics Anonymous meetings to learn more about how to support the student.
- If you need advice, don't hesitate to call Tennyson Center.

Working with chemically dependent teenagers is often very frustrating. Find your own style and use it. Honesty and sincerity will see you through many situations in which you feel ill at ease or inadequately prepared.

Tips for Dealing with Students Who Return from Alcohol/Drug Treatment

You can help the chemically dependent teen by smoothing the way with teachers. Here is a list of do's and don'ts that can be sent to the teen's classroom instructors and advisors.

1. Try to treat a recovering alcohol/drug dependent student the same way you would one who has just returned from hospitalization for a debilitating illness—acceptance is vital for recovery.
2. Try to empathize with the loneliness and alienation that recovering students feel when they return from treatment. Attempt to recognize the student in a positive way each day, and let him/her know that you are happy she/he is "straight" or "sober" without drawing the attention of the entire class.
3. Try to recognize that the recovering student's sobriety is of primary importance—other goals, although important, cannot be achieved unless the student is straight. The recovering student may be attending as many as five Alcoholics Anonymous meetings a week in order to aid his/her recovery. Participation in school support groups is essential, especially for helping the student cope with some pretty frightening feelings, as well as for helping him/her develop a non-using peer support group.
4. Try to notify the Student Assistance Coordinator if you have any questions or any concerns about the recovering student. Your information and input is vital to the student's recovery. If you see a return of the student's former inappropriate behavior or any behavior of concern, contact the Student Assistance Coordinator. REMEMBER THAT RELAPSE OR A RETURN OF INAPPROPRIATE BEHAVIOR OR CHEMICAL USE BEHAVIOR IS A SYMPTOM OF THE DISEASE OF CHEMICAL DEPENDENCY. The sooner this behavior is addressed, the more rapidly the student can get back on the road to recovery. Don't give up on a student who appears to have relapsed and do not take his/her relapse personally.

Suggestions for Starting an In-School Support Group

1. Become knowledgeable about commonly abused substances.
2. Clarify with administration issues concerning confidentiality.
3. Survey students on usage and attitudes if feasible.
4. Take a personal inventory to decide how you will answer students about *your* usage.
5. Decide the role you will use in entering the group.
6. Call a general meeting and find out who and how many are interested, or get a list of students who have been through rehabilitation programs.
7. Form groups of no more than 10 to 12. You will have to decide if the groups are to be split randomly or by some other criteria such as those who have been through treatment vs. those who have not. If the groups are combined, those students who have been through treatment still need some time by themselves to give each other support.
8. Decide on ground rules and rituals with the group. The rules can be simple: 1) What's said in group, stays in group; 2) No put downs; constructive criticism only; 3) One person shares at a time.
9. As time goes on, allow students to assume responsibility for the group, planning "open" meetings, or creation of a support network for social activities.

How to Structure Support Group Meetings

Why?

1. Use peer pressure which can be the most effective technique of behavior management.
2. Develop communication skills.
3. Promote effects of modeling—hopefully positive—for values, behavior and attitudes.
4. Learn problem solving techniques.
5. Assist individuals in learning about their "blind side." (What we know about an individual, but they don't know about themselves.)
6. Know social reinforcement from the peer group is more significant than adult praise.

What?—The Structure

1. Establish a procedure for who leads the meeting. For example, group members can take turns in alphabetical order.
2. Establish a consistent meeting time.
3. Establish rules and rituals which help the kids separate group time from the rest of the day. A good ritual for beginning is to have the leader restate the group rules.
4. Develop a reinforcing activity which immediately follows the end of the meeting—contingent upon successful completion (points, or a trip to the gym or outside).
5. You, as the adult, should become a group member. *Remember* you are the best communication model for the group.

Who?—The Teacher as Communicator

1. Be open with your sharing.
2. Accept opinions, so the kids will begin to model acceptance.
3. Make "open" responses—reflect feelings and attitudes.
4. Problem solve and offer alternatives as opposed to giving advice.
5. Avoid value judgments of others, but openly share your values about topics you are discussing.
6. Learn to keep your mouth shut.

How?—The Sequence

1. Open with ritual and a statement of rules.
2. Call for discussion items. Usually three topics are sufficient for one session.
3. Group leader asks individuals who suggest a topic to start the discussion.
4. When discussion is reaching a logical conclusion or time is up, ask the individual who suggested the topic for a summary statement.
5. Move likewise through other topics.
6. Close with comments about individuals' contributions to the process and awarding of reinforcer.
7. Close with the Serenity Prayer, hugs all around, or something special.

Guidelines for Group Interaction

If group is going to be a place that's O.K. for us to bring up personal issues and strong feelings, we need a common ground on which to talk with others. The following agreement contains ground rules that members of successful groups have "re-invented" over and over again.

1. We are here to help each other by honest sharing of feelings and experiences. This means *LEVELING* about myself, not intellectual discussion about issues.
2. *SUPPORT* and positive feelings are expressed. I won't assume that people know how I feel!
3. Expression of *NEGATIVE FEELINGS* can also be helpful. We're not here to be polite, but to share strengths and feelings. Constructive confrontation is sometimes a necessary skill in our relationships and in our self-honesty. The group can help us express these feelings in a constructive way.
4. *I SPEAK FOR MY SELF.* Avoid using "we" or "you" when you mean "I." Take responsibility for what you say as your opinion, not absolute truth.
5. Try to say things in terms of your own feelings, *HERE AND NOW,* even if talking about something else in the past. "I feel pleased about what my mother did," or "I feel nervous telling the group about that job."
6. *MAKE THE MEETINGS.* Members who are absent haven't really experienced what happened. The group needs your presence and feedback and has saved a place for you at each meeting. Also, others may need to discuss their feelings about a group member leaving.
7. *SAY IT IN THE GROUP.* The things you say and think before, after and during group are often the things that need to be said in group. Try to be specific on whom and what you are talking about.
8. What occurs in the group is *CONFIDENTIAL,* and we agree not to identify group members' personal business outside of group.

Johari's Window: An Aid to Group Process

Spend the first several sessions of a support group assisting the kids in learning some things about group processes. Johari's Window is a simple way to explain how we gain information about ourselves.

Johari's Window

	myself	
others	open self	secret self
	blind self	subconscious

Explanation

Open pane—Information about myself that others easily know, and I am willing to share.

Secret pane—Information about myself that other people do not know. Things I may share with people who are close that I trust.

Blind pane—Information you see about me that I don't (non-verbal behavior and attitude).

Subconscious pane—Information that neither of us knows about my past, but has an effect on my behavior.

Support Group Topics for Discussion

If you are having trouble getting a discussion started, let group members choose topics from the list below:

1. Dealing with anger
2. Accepting powerlessness
3. Sharing reality
4. Avoiding resentment
5. Getting honest
6. Living new lives
7. Learning patience
8. Solving problems
9. Expecting too much
10. Overcoming barriers
11. Having a sponsor
12. Believing in abstinence
13. Showing our feelings
14. Debating the program
15. Accepting ourselves
16. Game playing
17. Being clean and sober
18. Getting rid of anger
19. Using the phone
20. Admitting unmanageability

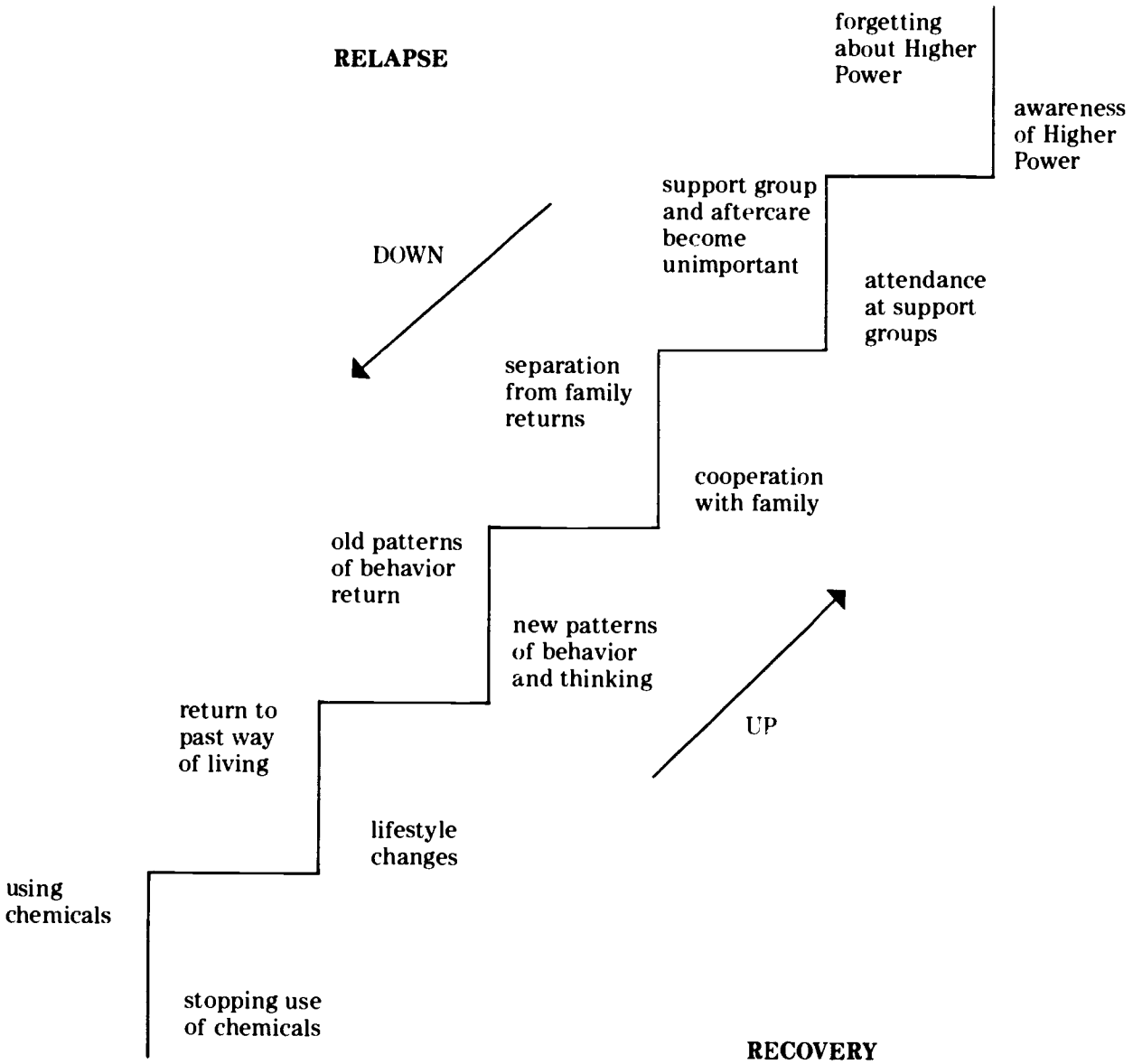
A Checklist of Symptoms Leading to Relapse

1. **Exhaustion**—Allowing yourself to become overly tired or in poor health. Some chemically dependent persons are also prone to work addictions—perhaps they are in a hurry to make up for lost time. Good health and enough rest are important. If you feel good, you are more apt to think well. Feel poor and your thinking is apt to deteriorate. Feel bad enough, and you might begin thinking a drink/drug couldn't make it any worse.
2. **Dishonesty**—This begins with a pattern of unnecessary little lies and deceits with fellow workers, friends, and family. Then come important lies to yourself. This is called rationalizing—making excuses for not doing what you do not want to do, or for doing what you do not want to do, or for doing what you know you should not do.
3. **Impatience**—Things are not happening fast enough or others are not doing what they should or what you want them to.
4. **Argumentativeness**—Arguing small and ridiculous points of view indicates a need to always be right. "Why don't you be reasonable and agree with me?" Looking for an excuse to drink?
5. **Depression**—Unreasonable and unaccountable despair may occur in cycles and should be dealt with—talked about.
6. **Frustration**—At people and also because things may not be going your way. Remember—everything is not going to be just the way you want it.
7. **Self-Pity**—"Why do these things happen to me?" "Why must I be chemically dependent?" Nobody appreciates all I am doing—(for them?).
8. **Cockiness**—Got it made—no longer fear chemical dependency—going into drinking/drugging situations to prove to others you have no problem. Do this often enough, and it will wear down your defenses.
9. **Complacency**—"Drinking/drugging was the farthest thing from my mind." Not drinking/drugging was no longer a conscious thought either. It is dangerous to let up on disciplines because everything is going well. Always to have a little fear is a good thing. More relapses occur when things are going well than otherwise.
10. **Expecting too much from others**—"I've changed; why hasn't everyone else?" It's a plus if they do—but it is still your problem if they do not. They must not trust you yet and may still be looking for further proof. You cannot expect others to change their life-styles just because you have.
11. **Letting up on disciplines**—Prayer, meditation, daily inventory, AA/DAA attendance. This can stem either from complacency or boredom. You cannot afford to be bored with your program. The cost of relapse is always too great.
12. **Use of mood-altering chemicals**—You may feel the need to ease things with a pill, and your doctor may go along with you. You may never have had a problem with chemicals other than alcohol, but you can easily lose sobriety starting this way—about the most subtle way to have a relapse. Remember you will be cheating! *The reverse of this is true for drug-dependent persons who start to drink.*
13. **Wanting too much**—Do not set goals you cannot reach with normal effort. Do not expect too much. It's always great when good things you were not expecting happen. You will get what you are entitled to as long as you do your best, but maybe not as soon as you think you should. "Happiness is not having what you want, but wanting what you have."
14. **Forgetting gratitude**—You may be looking negatively on your life, concentrating on problems that still are not totally corrected. Nobody wants to be a pollyanna—but it is good to remember where you started from—and how much better life is now.
15. **"It can't happen to me"**—This is dangerous thinking. Almost anything can happen to you and is more likely to happen if you get careless. Remember you have a progressive disease, and you will be in worse shape if you relapse.
16. **Omnipotence**—This is a feeling that results from a combination of many of the above. You now have all the answers for yourself and others. No one can tell you anything. You ignore suggestions or advice from others. Relapse is probably imminent unless drastic changes take place.

Relapse

Relapse is a process, **using** is an event in the process. Relapse works in the mind first. Using is evidence that you are in the process. The process of relapse may lead to chemical use from any step.

Recovery is like going up a down escalator. When you stop working, you go back down.



Relapse Prevention Plan

- Educate yourself on symptoms of relapse.
- Examine yourself daily for these symptoms (prayer, meditation, support group, etc.).
- Involve other people in your recovery (sponsor, parent, counselors).
- Practice your recovery program until it becomes a habit.
- Relapse can occur at any step.

A Recovery Checklist

Mark each statement as it pertains to you.
"P" = in the past. . . I had to deal with it, but I am done with it.
"N" = now. . . I am dealing with this in my life now.
"X" = this never came up for me . . I never had to deal with this

Bottoming Out

___ up until now, the person lives only for the moment and does not face reality
___ experiences collapse of support from others
___ experiences great pressure to change
___ "hits bottom"
___ is despairing and confused
___ asks honestly for help (perhaps several times)
___ begins to share personal feelings with a positive support person

Ambivalence

___ resists the need to change life-style and/or uncertainty about what needs to be done
___ acknowledges that drug-free life-style would be better but doubts personal "strength" and cannot imagine self as a straight person
___ distrusts straight world
___ experiences great stress
___ has very high craving when and/or whenever drugs available
___ fantasizes about ability to use drugs in the future
___ has few positive activities and friends and is uncomfortable with straight people—tends to be idle and alone a lot
___ feels guilt and shame about the past
___ wants to think of self as "recovering" but is afraid
___ hides the past from others who are straight
___ has changeable moods, feelings, and opinions
___ becomes absorbed with new values and ideals and increasingly enthusiastic about being clean

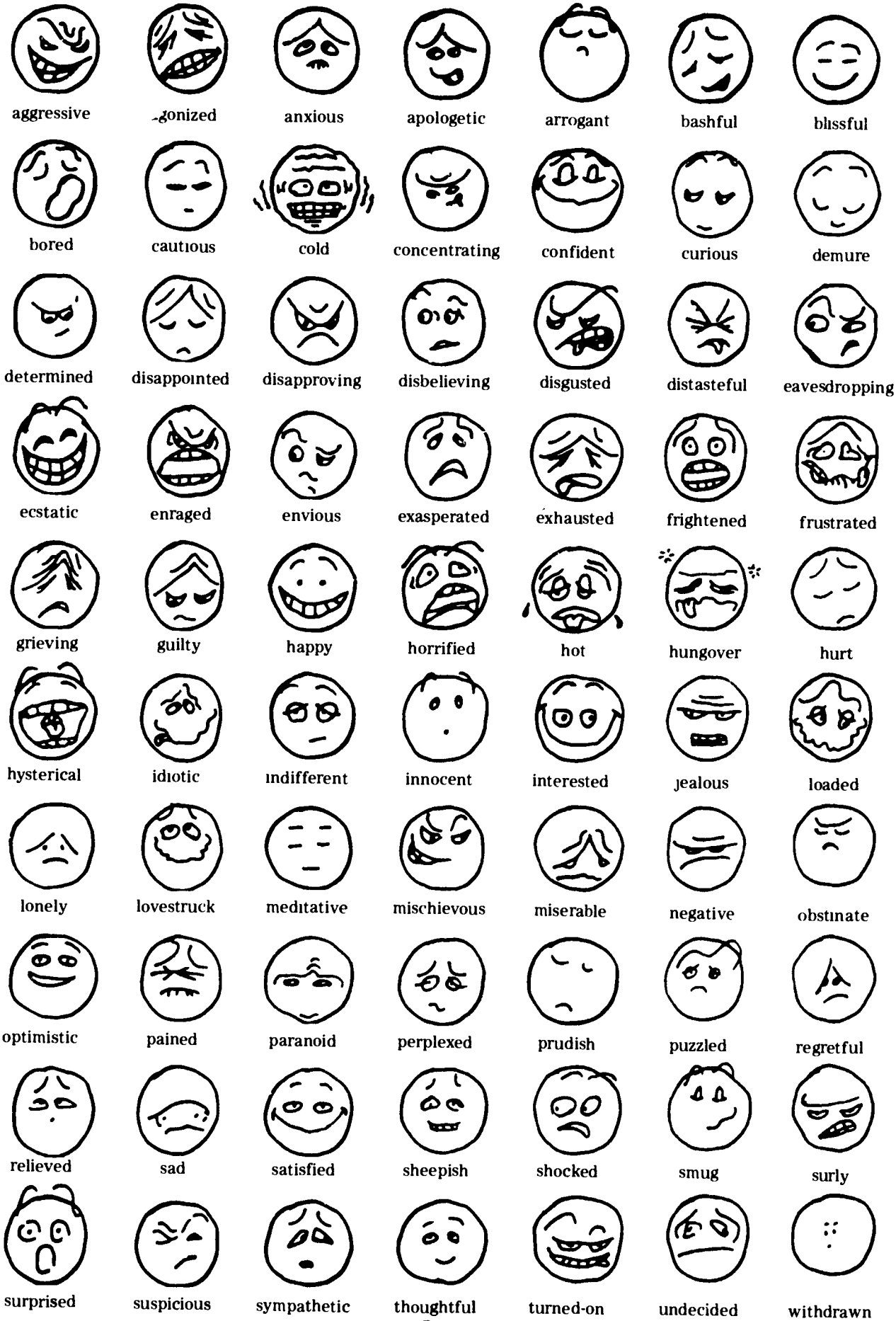
Commitment

___ cuts off relationships with "user" friends for good
___ begins to set clear, practical future goals
___ carefully develops new relationships
___ begins regular learning or a work schedule (school or a job)
___ begins to "learn" drug-free pleasures with new activities and support
___ develops new tolerance to stress and physical pain
___ develops techniques to deal with craving (which is declining) and quickly uses support in case of a slip
___ establishes sound personal rules about abstinence
___ helps others as a form of self-help
___ reveals personal past carefully to certain people and is very conscious of being an ex-addict
___ may be working very hard and have intense close relationships

Integration

___ resolves guilt and can reveal past as a personal fact without shame or fear
___ without forgetting the past, feels like a straight person and a part of the community
___ personal rules that prevent chemical dependency become second nature
___ helping others becomes second nature
___ openness to growth and self-improvement become second nature
___ lives each day accepting the challenges, responsibilities, and satisfactions of work, love, and respect for others
___ is no longer stimulated either physically or mentally by old places, events, or people associated with prior chemical use

How Do You Feel Today?



Resources Available Through Tennyson Center

- Classroom presentations provided by Tennyson Center staff on a variety of topics.
- In-service programs for school staff.
- Opportunities to visit Tennyson Center treatment sessions to learn more about the process of treating adolescent chemical dependency.
- Literature on numerous topics related to chemical dependency.
- Free Community Education sessions held at 7 p.m. every Wednesday at Tennyson Center.

For special requests or for general information, do not hesitate to contact Chris Galvin, Community Relations Coordinator for the Adolescent Program, at (419) 255-5665.

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