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DAILY:

A Family-Based Behavioral Treatment Model for Substance Abuse Intervention

The abuse of substances such as alcohol, nicotine, and marijuana has long been a societal problem among adolescents in America (Muck *et al.* 143, Berger 459).

Contemporary research about these drugs, family behaviors, and the effects of various intervention models has been used in this study to develop a plan for preventing drug abuse in a church youth group. The goal of this program is to prevent substance abuse among adolescents in the group by targeting a section of the population, ages ten through fifteen, as well as their parents, with behavioral treatment strategies. Though most problems with substance abuse lie among adolescents, contemporary studies have shown that greater success for this type of intervention occurs when programs reach children earlier in their lives (Lochman and Steenhoven 51; Naylor, Gardner, and Zaichkowsky 637). Typically, children who use substances will begin in the seventh or eighth grade, so our aim is to educate children before they reach this age (Lochman and Steenhoven 50; Sampl and Kadden 3).

The behavioral treatment approach is one of many discrete models that does not require treatment in a residential program (Muck *et al.* 145). Since this plan for intervention does not focus solely on the adolescent, it is more appropriately called a family-based behavioral treatment approach (Muck *et al.* 148 151). Within the program,

both the children and parents will receive education about drugs and their harmful effects, training in communication and problem solving, and evaluations to monitor the success or failure of the program.

The Drug Abuse Intervention for the Lord's Youth (DAILY) program is designed to intervene in the lives of young people before they become victims of terrible habits or addictions. Webster's Dictionary and Thesaurus states that the word "intervene" means, "to interfere or take a decisive role so as to modify or settle something." Our mission in the implementation of this program is to interfere with the societal pressures placed on children to abuse drugs, and to help them to make the proper decisions that will consequently improve their standards of living.

In order to present an organized and specific approach to the intervention of substance abuse, the DAILY program will focus primarily on gateway drugs. These are defined as, "drugs – usually tobacco, alcohol, and marijuana - whose use increases the risk that a person will later use harder drugs, such as cocaine and heroin" (Berger 459). Experts have stated that adolescents who begin to use these three specific substances before the ninth grade have a much greater risk of using illegal drugs in high school (Berger 460; Sampl and Kadden 2).

The necessity of a program such as DAILY is made evident by an overview of the statistics presented by various research groups. In 1999, The Office of Applied Studies has estimated that 221,000 12-17 year-olds in Alabama smoked at least one pack of cigarettes a day. That makes up almost 60 percent of that young age group (Office of Applied Studies 1999). In a 1994-1996 survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 19 percent of students between the ages of 12

and 17 reported that they had smoked cigarettes in the past month (Office of Applied Studies 2002). It has been estimated that 3,000 adolescents begin the smoking habit every day, and approximately 3.1 million American teens are currently smokers. Almost a third of these children started smoking at or before the age of 12. Cigarette smoking brings with it many harmful side effects. The continual use of smoking tobacco is related to respiratory illness and a number of other health problems. Research has also shown that it can be positively correlated to other unhealthy behaviors, such as higher risk sexual behavior (Melnick *et al.* 728).

Alcohol can be a destructive substance to people of any age. Since adolescents may already be struggling with continual physical, sexual, and emotional changes, the judgment-impairing effects of even small doses of alcohol could be devastating to them (Berger 461). Statistics taken from a survey on alcohol and other drug use in the year 2000 showed that over 82 percent of students under the age of 21 had used alcohol within the past year. Over 69 percent had used alcohol within the past month (Core Institute 2000). These statistics are not exclusive to older teens. A 1994-1996 study showed that six percent of 12-17 year olds were reportedly dependant on alcohol or illicit drugs (Office of Applied Studies 2002). Statistics for the state of Alabama are no more encouraging. In 1999, one study estimated that over 14 percent of our 12-17 year-olds had used alcohol in the past month (Office of Applied Studies 1999).

The use of marijuana among American young people should not be underestimated. Of the psychoactive substances used in the United States, it is the most commonly used and readily available (Office of Applied Studies 2000). A survey in 1998 showed that teens were using marijuana much more frequently than alcohol (Sampl and Kadden 1). In

1999, an estimated 43.4 percent of Alabama's 12-17 year-olds smoked marijuana once a month (Office of Applied Studies 1999). Not all of the effects of marijuana use are clear. However, scientists have identified many negative outcomes for the use of the drug, such as: fluctuations in blood pressure, decreased salivation, unsteadiness, impaired coordination, hunger, drowsiness, slowed speech, respiratory difficulties, and many other unwanted health conditions (Sampl and Kadden 2). Since those who use marijuana also tend to use other drugs, such as tobacco and alcohol, experts say that its use can lead to slower learning and a lesser ability to reflect on the knowledge that has been gained (Berger 462).

The DAILY program is a family-based approach to substance abuse prevention. This means that both the children and their families will be subjected to training in areas related to the prevention of drug abuse. Research has shown that the abuse of drugs by adolescents can often be traced back to problems within the family unit (Toumbourou *et al.* 291, Lochman and Steenhoven 52). Some of these risk factors include: parenting which is inconsistent, unusually severe, or permissive; a high degree of family conflict; and parent-child relations which lack warmth and involvement. Other important factors that are unrelated to family management include: peer relationships, social goals and information processing, and coping behaviors (Lochman and Steenhoven 52). Family-based intervention strategies have been shown to help reduce the risk factors associated with teen drug abuse. They also provide aid in deterring anti-social behavior and smoking (Toumbourou *et al.* 292).

Only recently have intervention programs begun to train parents in areas related to teen substance abuse. However, the evidence provided by research done in the past few

years has shown that parents can be an effective ally in the prevention of adolescent addiction if they are properly trained (Toubourou *et al.* 292). The eight-session DAILY program is designed to, first of all, support parents and improve their emotional well-being. It also seeks to educate parents to respond assertively to their children in ways that will encourage them to make healthy decisions. Much of the material that is included in these sessions is taken from a parent-group program known as Behavioral Exchange Systems Training (BEST) and the Bible (Toumbourou *et al.* 291).

The DAILY program is described as a behavioral treatment approach because it focuses primarily on the underlying beliefs, thinking processes, and environmental cues associated with the adolescent's use of drugs. Programs such as this one recognize substance abuse as a learned behavior that can be unlearned and replaced by prosocial behaviors. The techniques taught in these sessions endeavor to modify an individual's thought processes in order to change his or her behavior (Muck *et al.* 148).

This intervention model gives a great deal of attention to coping skills. Specific skills are introduced in a group setting and modeled by trained teachers. Examples in the session material are taken from the lives of the adolescents in order to prove the practicality of them (Muck *et al.* 149). Facilitators of this program should take into consideration the culture of their audience in order to offer a more reasonable utility to them (Lochman and Steenhoven 55). Among the many specific skills offered in the program, some include: refusal skills, training in relaxation techniques, communication and problem-solving skills, and social network development. Role-plays are acted out in group sessions and homework assignments are assigned for practice in real-life situations (Muck *et al.* 149).

Treatment models, such as this one that offers cognitive-behavioral therapy (CBT), have been proven to be very effective compared to other treatments in discouraging drug use among adolescents. One study compared the effects of this type of treatment to that of a supportive counseling program. The programs in this study were directed toward adolescents who were already experiencing problems with drug abuse. However, in the behavioral program, 73 percent of the teens had discontinued their use of drugs. Only nine percent reported that they no longer abused drugs following the supportive counseling program. Both programs proved effective in lowering the use of alcohol by teens by about 50 percent (Muck *et al.* 149). This is substantial evidence that supports the success of programs such as DAILY.

Intervention programs can be classified into three different types: indicated, selective, and universal. Indicated intervention is described as being intended for individuals that have been identified as being at high risk. Selective interventions target population subgroups that are known to be at a high level of risk. DAILY is an universal intervention program because it is intended for a general population (Lochman and Steenhoven 56). Though the program is designed to help Christian young people between the ages of ten and fifteen and their parents, it will be available for use to those outside of this population.

Peer pressure has often been blamed for the spread of substance abuse among teens. Though the social pressure to be similar to one's friends is a strong influence in this area, experts have described society's general ideas about peer pressure as "exaggerated." This is partly because not all peer pressure is negative. Children have been found to encourage one another in doing prosocial activities, as much or more often than they have been

known to persuade each other negatively (Berger 516-517). For this reason, DAILY includes opportunities for peer education. Research has found peer-led interventions to be less effective than clinician-led interventions. However, the same studies stated that peer-led interventions were more effective than teacher-led interventions (Cuijpers 108). Since DAILY is not a clinical program, and the most experienced adults present are considered teachers, it seems reasonable to allow trained and responsible students to lead a portion of the sessions. For support group sessions, it has been recommended that former drug abusers lead the sessions (Spencer 2002).

Before beginning the training program, all of the participants are asked to complete an interview and a self-report. During the interview, the therapist will meet individually with the children to discuss topics such as: their knowledge about drugs and alcohol, their experiences with habits or addictions, and reasons why we are beginning an intervention program. The purpose for this interview is to check for understanding and prior knowledge. This meeting also gives the participants an opportunity to ask questions about the program or other related topics.

The self-report is administered to the children in order to evaluate the success of the program. Adolescents in the church youth group will also be asked to complete these self-reports on a yearly basis. DAILY uses a child behavior checklist for ages six through eighteen produced by the Thomson Nelson company. A complete starter kit for computer scoring can be purchased for \$450. However, profiles for hand scoring can be bought in packages of 50 for \$45. It must be noted that there are separate profiles for girls and boys.

DAILY is comprised of eight two-hour weekly sessions and a follow-up session occurring somewhere around the sixteenth week (Toumbourou *et al.* 297). Some sessions

allow parents and children to be together during the discussion, but most of them provide separate therapists and lesson materials for the two groups. Session One includes both parents and their children. A program overview is given by the supervisor and introductions are made for everyone present. One of the community DARE officers or another qualified adult facilitates a discussion about the effects of drug problems on the family, and he or she educates the group about gateway drugs and their effects (Toumbourou *et al.* 297). All of the sessions end with a short discussion about a biblical perspective on the session's topic. This devotional is facilitated by one of the ministers of the congregation. Before the next session, the participants are expected to complete a homework assignment. The first session's homework assignment is to record a list of times the participants were pressured to do things they did not want to do. Sessions Two through Seven require the parents and children to be separated except for during the devotional. During this session, parents watch a video called "Let's Help Youth Stay Drug Free, Part IV. Parents: The First Line of Defense in Prevention." This video can be ordered for a cost recovery fee of \$12.50 from the *Publications Catalog* of SAMHSA's National Clearinghouse for Alcohol and Drug Information. The Substance Abuse and Mental Health Services Administration is a division of the U.S. Department of Health and Human Services. While the parents are watching and discussing the video, the students learn about refusal skills, peer pressure, and advertising techniques used to promote alcohol and cigarettes. Session Three addresses risk factors for adolescent drug abuse with the parents. The children learn how to develop a strong support network, and set up a personal emergency plan. During Session Four the parents are taught skills in protecting their families from substance abuse, and they also discuss family bonding. Meanwhile, the

students practice problem-solving and conflict resolution. The topics for Session Five are, for parents, child development and parent-child communication, and, for students, anger awareness and parent-child communication. During Session Six, the parents watch a video entitled "Marijuana: What Can Parents Do?" The students discuss the facts about marijuana and learn about proper ways of dealing with criticism. Session Seven focuses on depression and stress management for both groups. The final session incorporates role-playing and interaction between both groups. During this session, the therapist encourages all of the participants to discuss what they have learned and how they will use this knowledge in their lives. The DARE or other qualified professional is present to answer any questions related to the prevention of drug abuse. Examples of material from these sessions can be found at the end of this paper (Toumbourou *et al.* 296-297; Sampl 53-80). Methods of instruction during these sessions include: videotaped and didactic instructions, role-playing, skills practice, and modeling (Southeast Center for the Application of Prevention Technologies 1998).

One more individual session is scheduled with the children and their parents for two months later. During this session, the child completes a written or oral questionnaire in an interview format. The therapist may decide to set up a behavior contract with the students, or the parents might want to set up the contract with the children themselves. Also the parents are given further information that will be useful in combating drug abuse if there are problems in the future. For example, web sites such as <http://wwwparentingisprevention.org/info.html> are helpful in providing up-to-date information about drugs and giving advice about how to talk about them. The parents are also given a list of facilities within a 100 mile radius that they can contact for help if they

have needs that require professional or clinical services (Substance Abuse & Mental Health Services Administration 2000).

It is not the intent of the DAILY program to simply educate families for a matter of months and then leave them with no on-going support. In order to provide individuals with an ongoing program to foster support and guidance, we also host Tuesday night meetings from 7:00 to 9:00 for a group called Christians Against Substance Abuse (CASA). This program was initiated by the New Life Behavioral Group out of Texas, and uses the twelve steps from Alcoholics Anonymous along with Scriptures from the Bible. During these meetings, addicts and supporters share their experiences from the previous weeks and encourage others who have had similar difficulties. More information provided by CASA is included at the end of this paper (Spencer 2002).

Most of the research in this study is congruous. All of the sources that I used agree that early intervention during the preadolescent years is definitely more effective than waiting until adolescence (Lochman and Steenhoven 51; Naylor, Gardner, and Zaichkowsky 637). This belief is further supported by research that states the declining ages of first time drug users (Lochman and Steenhoven 50). Kathleen Stassen Berger commented in her book, The Developing Person Through Childhood and Adolescence, "Other research confirms that more younger adolescents are using drugs than ever before" (459). Since the literature that I chose to use as research was written by those who advocate drug abuse intervention, I found similar points of view. However, I am certain that there is sufficient literature that has been produced in support of the legalization of marijuana and other pro-drug issues.

There were many differences in how the research that is cited in this paper was conducted. Some of the studies are actually studies of treatment models. For example, the three journal articles written by Muck, Toumbourou, Lochman, and others were studies done on the effectiveness of three different types of intervention models. They were able to organize the results of these different models to determine and compare the effectiveness of each one. These types of articles were especially helpful because they offered a broad range of information. Other studies provided research that was more specific, but almost too narrow for use. For example, it is not only interesting, but important, to note that employment during adolescence could be associated with cigarette smoking and that adolescents who are isolates could be at risk for future problems with substance abuse (Largie *et al.* 395; Tani, Chavez, and Deffenbacher 137). However, there was no natural place for this information in the body of the paper.

The results of this study indicate that many types of interventions are helpful in preventing substance abuse among adolescents. Preventative intervention programs that involve children who are preadolescents have a greater rate of success. Tobacco, alcohol, and marijuana are the three most common substances that are abused by adolescents. The use of these “gateway drugs” could lead to the abuse of other, more dangerous drugs. Also, parents can be instrumental in preventing their children from becoming drug abusers. Cognitive-behavioral training is helpful in both easing parents’ concerns and teaching them how to be more effective in raising their children. Family-based cognitive-behavioral treatment can give children the tools they need to resist the pressures of society to use drugs.

In the future, more research could be done to investigate the long-term effects of intervention programs such as this one within the context of various organizations. The self-reports will be administered to students entering the program and eighteen-year-olds who have gone through the program in previous years. These results will be kept on file and studied to estimate the efficacy of the program over a matter of years. It is expected that the amount of drug use among adolescents will decline because of the training that will be given to children before they reach their high-risk teenage years.

More research needs to be done in regard to motivating adolescents to seek treatment. Though this is obviously a very challenging task, it is also very necessary considering the number of adolescents who are already using and possibly addicted. How can a fellow student or concerned adult approach teenagers who seem to show warning signs of abuse? Research should be done to develop methods for convincing adolescents to stop using drugs even when they do not want to. A program like CASA is only for those who desire to overcome their dependencies. What types of programs could we develop for those who do not have this desire? Perhaps the adage will remain true: "You cannot help those who will not help themselves." However, there must be some measure that can be taken to persuade teenagers to get help.

Chuck Spitzley, one of the therapists involved with the CASA program suggests that we all have addictions. According to him, when one of these addictions is removed, another one takes its place. For some it may be food or spending. Other addictions could be sexual or emotional. Then there are the chemical addictions such as those described in this paper. I asked him if these negative addictions could be replaced with something positive. His reply was sobering: "Not without a lot of support." It will take a lot of work

to implement the DAILY program, but if the result is preventing a child from becoming addicted to drugs, it will be well worth it. Certainly many people will benefit for years to come from the support that programs such as DAILY and CASA provide (Spitzley 2002).

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