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The **Washington Post**

December 27, 1988, Tuesday, Final Edition

Teens in Trouble; What Is the Correct Balance Between Discipline and Support?

BYLINE: Paul Berg, **Washington Post** Staff Writer

SECTION: HEALTH; PAGE Z15

LENGTH: 1550 words

Sometimes people ask **drug** counselor Howard Liddle: "What are you trying to do -- cure adolescence?"

There is growing agreement that teen-agers should be treated differently from adult addicts -- but no consensus on the most effective approach. What is the correct balance between discipline and support? Should a program be built around a teen-ager's sense of shame or sense of reason? Do all **drug**-using youths need to enter a residential treatment facility, or can some do better at home? What is the parents' role?

If some of those questions sound familiar, **drug** counselors say, it is because they parallel the debate over how to raise children in the first place, **drugs** or no **drugs**. The answers are just as elusive, but the stakes are higher: Lives hang in the balance, and the cost of a year's treatment can reach \$ 50,000.

Adolescence, a time of "natural tumult," cannot, of course, be "cured," says Liddle, an associate professor of family medicine at the University of California at San Francisco. For some teens, **drug** use is the most dangerous phase of their rebellion.

"Everything that feels uncomfortable to them -- which is a lot of things in adolescence -- they take care of by using," says Myra Bridgeforth, a therapist in Fairfax.

The form of treatment for such youths, Liddle and others believe, is less important than the goal of surviving the teen years with minimum damage. "In some cases, it's 'Let's get them through this,' " he says. "We're not trying for perfection. We want to make sure he doesn't get incarcerated or killed. A few more years of life, and later on things can be better."

Liddle, who is conducting a federally funded study comparing ways to handle **drug**-using kids, hopes to help settle some of the hotly debated questions in this fledgling field.

In the meantime, parents are left with a multitude of choices and little guidance. There are an estimated 1,900 inpatient and outpatient adolescent **drug**-abuse treatment programs in the country, according to the National Association of Addiction Treatment Providers. Typically, these programs claim a success rate of somewhat less than 40 percent -- that is, 40 percent are still abstaining from **drugs** one year later.

'We Don't Trust You'

Among the most controversial of these programs is **Straight** Inc., where youths get one very clear message from the

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outset. "We give them the message, 'We don't trust you,' " says Deborah Tychsen, administrator of the Springfield, Va., branch. " 'You need to earn our trust and your family's trust back.' "

The highly regimented **Straight** programs, using an approach called "tough love," attempt to turn around the peer pressure that led to **drug** use in the first place. At night, the teens live with host families whose own children are in or have been through the program. During the day, "old-comers" -- those who have been in the program longer -- watch the newcomers' every move; they are not even allowed to shower alone. They also confront the newcomers, pushing them into admitting their **drug** use and acknowledging that they have hurt their families -- the first step in their struggle to "gradually earn back what they have lost."

After six weeks or so, they return to their families but continue with the program as outpatients for more than a year.

Straight claims an overall success rate of about 50 percent -- that is, of every 100 kids who enter the program, 60 finish it, and 50 are still **drug**-free a year later.

Other programs -- often costing more than **Straight's** \$ 9,000 -- prefer an approach that stresses education rather than what they see as "confrontation."

"We don't run a program where we want to turn kids into little robots," says Deborah L. Volz, a psychiatric nurse who directs Arlington Hospital's adolescent program, which at \$ 15,000 includes six weeks of inpatient care and a year's follow-up.

Volz believes that a heavy **drug** user must be hospitalized for six weeks, because it takes at least two weeks for chemicals -- including marijuana -- to leave the body. Until then, "you don't really have a chemical-free individual," she says.

At that point, the program's regimen of counseling sessions, exercise and classes on the effects of **drug** use can begin to take hold [see box above].

New Friends

Straight and Arlington's program share a similar end point: Giving the **drug**-using adolescent a new group of friends in an effort to limit pressure to try **drugs** again once they leave. This means attending Narcotics Anonymous or Alcoholics Anonymous meetings regularly as part of therapy and for the foreseeable future.

Such meetings become an important part of the post-treatment life, "like a religion," says Robert Lewis, a family studies professor at Purdue University in Indiana who specializes in addiction. "I'm not saying it's wrong. People really believe this stuff. And it does work. But only for certain people."

Only recently has it been shown that any treatment -- inpatient, outpatient, tough or not so tough -- is of value in the long run. As Richard Catalano, a University of Washington social worker studying the issue, puts it: "Some treatment is better than no treatment."

There are very few studies comparing programs against one another or against control groups who are untreated. "Most do show reduction in use," he says, but those had been what Catalano called "pre-post" studies -- looking at **drug** use before and after the program. It's harder to know what would have happened without treatment or with treatment of a different kind.

Nevertheless, the most difficult step in treatment, he says, may be making the right choice for the individual.

"There are people who think, 'addiction is addiction is addiction,' " says Catalano, who is reviewing 30 years of journal articles on the subject. But amount of **drug** use and the kinds of **drugs** involved are important factors that are too often overlooked in choosing a treatment program, he says.

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"A kid using crack regularly . . . seems like a different phenomenon than marijuana or alcohol once a week," says San Francisco's Liddle.

Power of the Parents

With a growing number of treatment centers advertising for adolescent patients -- especially teen-agers who are covered by private health insurance through a family policy -- the choice of therapy becomes all the more complex. Catalano and others believe that within the next year, as a number of federally funded studies reach their conclusions, criteria for selecting a program will be developed and that parents will find them "particularly important before [they] spend tens of thousands of dollars."

Meanwhile, many treatment specialists -- such as Liddle and Purdue's Lewis -- are coming to the conclusion that parents of **drug**-using youths can have far more influence than they might think.

"Unfortunately, in a funny sense, the act of turning to a professional can be a disempowering thing for parents," Liddle says.

But he says that with regular family counseling sessions, many parents can learn to give children the direction they need -- and want -- without being overly authoritarian and sparking the very rebellion they are trying to control.

One thing all counselors agree on is that getting a teen-ager to stop using **drugs** is in some ways the easiest part. They must relearn how to get along with their parents and interact with friends. If they've been in a residential program, they must return to school and lose their reputation as "the druggie."

Volz, the director of the Arlington program, always looks on hopefully and with some anxiety as her charges head out into the world. "When they go out," she says, "I can't tell who's going to make it and who's not."

A DAY IN TREATMENT

Youths in many **drug** treatment facilities are expected to follow a rigorous schedule of meetings, counseling sessions, classes and exercise. This is a typical day at Arlington Hospital's 17-bed program, one of the area's most successful:

7 a.m.: Wake up, shower, dress.

8 a.m.: Breakfast.

8:30 a.m.: Large group meeting, including discussion of any problems facing the group as a whole, such as doubts about treatment.

9 a.m.: Individual counseling.

10 a.m.: Lectures. Often the physiological and psychological effects of various **drugs** are discussed.

11:15 a.m.: Exercise. Frequently a volleyball game. In addition to the well-known benefits of exercise, sweating helps cleanse the body of chemicals, experts believe.

Noon: Lunch.

12:30 p.m.: Small group counseling session. Each youth remains in the same small group during his or her six-week stay.

1:45 p.m.: Academic classes, taught at the facility by the Arlington County school system. The aim is to help youths keep up with their classmates.

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4 p.m.: Lectures.

5 p.m.: Dinner.

6 p.m.: Study hall. Sometimes for academic work, sometimes for program-related work.

7 p.m.: Visiting hour. Only parents are permitted.

8 p.m.: Narcotics Anonymous meeting. These are held away from the facility.

10 p.m.: Clean-up and preparation for bed.

10:45 p.m.: Lights out.

There is some variation in this schedule. For example, on Saturdays, Sundays and Mondays, the youths are taken to recreation facilities away from the treatment center. Phone calls are also permitted at certain times.

LANGUAGE: ENGLISH

GRAPHIC: ILLUSTRATION

TYPE: FEATURE

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