

## **Adolescent Addiction in the Family: Changing Up Old Patterns**

By Peggy L. Ferguson, Ph.D.

One of the most common features of families where at least one of the children have drug abuse or addiction, is the negative, angry tone of family interactions. This family has been trying ineffectively to solve the problem of the child's substance abuse or addiction, has experienced a lot of frustration and pain in the process, and may have given up with trying new approaches. By the time the addict gets to treatment, parents usually report that they have tried "everything" and are just plain worn out.

The family, often unaware or in denial about the connection between drinking/drugging and family problems, spent a long time assigning blame to peers, to other personal characteristics or symptoms (i.e. depression, low self-esteem, etc), or to the other spouse. Spouses blame each other for not being able to solve the problem of the child's addiction, not effectively handling it, or for "causing" it. Parents accuse each other's leniency, strictness, giving of too much affection or too little, absence, or emotional smothering. Parents will often acknowledge their own enabling, while blaming the other parent for "enabling more" than they do.

Family dynamics evolve as the adolescent projects hostility, animosity, and open rebellion against parents who s/he feels are just trying to control him/her. The parent and adolescent get into a struggle for control over the chemical. Addicted adolescents become expert at working one parent against another so that they can continue to use. They are able to exploit the guilt that all parents feel, to manipulate parents into continuing to enable them even after the parent knows that they are enabling.

The addicted adolescent gets labeled "the problem child", or "the bad one". Although the family has problems other than this child's addiction, most other family problems get blamed on this child. Other family members will often say, "if it weren't for you,.....". Everyone in the system is distressed and this child's addiction gives the family a focus for its anger. Much of the time, the family was having a lot of problems before this child started acting out by associating with the "wrong kids", being belligerent and aggressive, and being oppositional and defiant (seemingly on general principles).

These same dysfunctional interaction patterns can and do persist into the child's recovery unless the family gets help to change them. Without help, the advent of recovery for the addicted child is often met with resistance from the non-recovering family. When the addicted child is the "scapegoat" (see "Survival Roles Develop Within The Family"), and family dynamics remain the same, the family still needs a "scapegoat" have a focus for the tension and anger. Family therapy is crucial for the recovery not only of the addicted child, but of the whole family. Many family members will say, "why do I have to go to therapy, I'm not the addict!", somehow believing that therapy is punishment for errant addicted addicts.

When other family members are involved in their own recovery, dysfunctional interaction patterns can be unlearned and replaced with healthy, supportive interactions that enhance the recovery of the addicted adolescent, as well as the recoveries of everyone else in the family. Without help, the overlearned, habitual reactions and responses to addict behavior (i.e., arguing, anger, blaming, etc.) continues to characterize the family interaction style. Without help, family members, including parents will not have learned new ways to guide, instruct, and shape the adolescent's behavior in early recovery.

The addicted adolescent will never come home from treatment "fixed". Treatment for family members will assist them in the beginning in knowing what they can realistically expect of a newly sober adolescent. Armed with information and new skills, like healthy communication and problem solving skills, appropriate boundary setting, and the use of techniques like behavioral contracts, the family can change its chaotic, enabling behavior to reinforcing recovery behavior and providing feedback to extinguish counter-therapeutic behavior.

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