## Adolescent Substance Use Disorder in the Family: Changing Up Patterns

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One of the most common features of families where at least one of the children has substance use issues is the negative, angry tone of family interactions. These highly stressed families have often tried unsuccessfully to address the problem of the adolescent's substance use, experiencing a great deal of frustration and pain in the process. By the time the adolescent enters treatment, parents frequently report that they have exhausted all options and are worn out.

Before identifying the substance use disorder as "the problem," the family, unaware of the connection between family problems and substance use, has spent considerable time assigning blame to peers, personal characteristics (such as depression or low self-esteem), or the other spouse for the changing family dynamics. Once substance use disorder is determined, spouses may still blame each other for their inability to address their child's problem effectively.

Family dynamics shift as the adolescents direct hostility, hatred, and open rebellion toward parents they perceive as trying to control them. A power struggle ensues between the parent and adolescent over substance use. These adolescents frequently become adept at playing one parent against the other to continue their substance use, exploiting the guilt that all parents inevitably feel.

The family often labels the adolescent "the problem child" or "the bad one." While the family may have issues unrelated to the child's substance use, they typically attribute most problems to that specific child. Other family members might frequently say, "If it weren't for you..." Everyone in the family system experiences distress, with the child's use of substances becoming a focal point for anger. Many times, the family was already struggling with various issues before the child's behavior escalated.

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These hostile interaction patterns can persist into the child's recovery unless everyone seeks assistance to change them. Without intervention, resistance from non-recovering family members often accompanies the child's recovery process. Regardless of recovery, this child may remain the designated "scapegoat" (refer to "Survival Roles Develop Within The Family") as family dynamics remain unchanged. The family may still require a scapegoat to channel tension and anger.

Parents remain concerned about their adolescent's choice of friends. Although recovery professionals encourage adolescents to attend 12-step groups, parents often worry about their child being exposed to individuals with even greater drug experience during such meetings.

Family therapy is essential not only for the recovery of the child with substance use disorder but for the entire family unit. Some family members may resist therapy, mistakenly believing it to be punishment reserved for an "errant" adolescent.

When family members do engage in a recovery process, they can replace non-therapeutic interaction patterns with healthy, supportive interactions that benefit the whole family. Without intervention, the ingrained, habitual responses to rebellious adolescent behavior, such as arguing, anger, and blaming, can continue to define the family's interaction style. Parents can benefit from learning new approaches to guide, instruct, and support the adolescent's recovery.

It is essential to recognize that the adolescent will not return home from inpatient treatment "fixed." Therapy for family members can help them realistically understand what to expect from a newly sober adolescent. Equipped with knowledge and new skills, such as healthy communication, problem-solving, boundary-setting, and techniques like behavioral contracts, the family can transition from chaotic hostility to reinforcing recovery behaviors and providing constructive feedback to discourage counterproductive behavior. The entire family has the potential to blossom

and evolve because of the stress and family challenges of the adolescent's substance use disorder and subsequent recovery.

Note: This article has been revised and edited from its original version, which was previously published in 2011 on this site. The content has been updated for contemporary language, clarity and accuracy.

