COUNSELING DIFFICULT TO REACH ADOLESCENT MALE SUBSTANCE ABUSERS

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A recent *New York Times* article by Charles Siebert describes an increase of violence among young male elephants. Siebert states that studies of elephant behavior reveals that young male elephants have been dramatically affected by witnessing the massacre of their communities/families, the death of a parent, the loss of elephant elders, particularly bull male elephants, who traditionally socialize young male elephants by modeling how to handle aggression properly. These losses occur at the hands of poachers, who kill elephants for the purpose of seeking greater land space and money from the sale of the elephants’ ivory (Siebert 2006).

Research quoted in the article states that these younger male elephants are becoming extremely violent; they destroy property (stampede villages), kill people, rape (rhinoceroses), form gangs, and develop symptoms of post traumatic stress disorder (PTSD) in response to their exposure to trauma, abandonment, and loss (Siebert, 2006).

This behavior is similar to that of difficult-to-reach adolescent male substance abusers who are often hostile and resistant to counseling, refuse to change, and discontinue counseling services prematurely. This article will describe risk factors for difficult-to-reach adolescent male substance abusers, which make it
hard to engage them in counseling, and outline eleven intervention strategies to engage these young men in counseling and to help them to change.

**Core Issues for Difficult-To-Reach Adolescent Male Substance Abusers**

Researchers report that difficult-to-reach adolescent male substance abusers present with a number of behaviors, ranging from initiation into destructive peer groups, violence, murder, crime, delinquency, and substance use disorders (Garbarino, 1999). These adolescent males are often difficult to reach in counseling because of a number of core issues, including:

1) Father/son pain – The majority of difficult to reach adolescent males are abandoned by their fathers. For many, this is the first early loss, leading to a great deal of anger and acting-out behavior.¹ Some of these males are so numb to their feelings due to the desertion of their fathers, making it difficult to open up and express themselves in counseling. It is also believed that abandonment by fathers is a major contributing factor to substance use disorders by males (Sanders, 2006; Real, 1997).

2) Male Depression – There are three features of male depression:

a) the lack of capacity to feel

b) externalization of their pain (“I feel you’re causing me pain, so therefore I have a right to strike out against you.”)

c) feeling of inadequacy without hope – causal factors include parental practices that “rob” male children of an emotional life by discouraging them from crying, being vulnerable, and expressing emotions; early abandonment, particularly by

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¹ Sanders, 2006; Garbarino, 1999).
fathers, and feelings of inadequacy as a result of not meeting the expectations of their parents, male peers, and academic institutions (Real, 1997).

In his book, *I Don’t Want To Talk About It*, Terence Real asserts, “Depression equals alcoholism in men, and alcoholism equals depression in men.” He states that it is difficult for a male to be an alcoholic without being depressed and that our methods of socializing male children contribute greatly to male depression. Real further states that it is easy for clinicians to miss depression in males, because many males who are depressed do not look depressed. He describes the many masks of male depression, including:

- Anger
- Rage
- Violence
- Substance Abuse (Real, 1997)

Depressed males are difficult to reach in counseling because their emotions lie dormant beneath the masks.

3) The absence of male role models – As mentioned in the *New York Times* article on elephants, one of the duties of older male elephants is to socialize the younger male elephants and to help keep them in line by teaching them to negotiate the world without violence (Siebert, 2006). In human societies, elder males have historically served a similar role. In addition to modeling responsibility, they also model vulnerability and empathy. All these qualities can contribute to an effective therapeutic alliance. The great majority of difficult-to-reach adolescent males have limited contacts with positive male role models (Sanders, 2006).
Other core issues include:

- PTSD (a result of exposure to traumatic events)
- Conduct disorder
- Physical and sexual abuse
- Rejection (family, school, society)
  (Bloomquist & Schnell, 2005; Davis, 2000)
- Witnessing violence firsthand (Garbarino, 1999)
- Concurrent psychiatric disorder
- Early involvement in the criminal justice system

The Profile of Difficult-To-Reach Adolescent Male Substance Abusers in the Criminal Justice System

The most “difficult to reach” adolescent male often winds up in the criminal justice system. The profile is as follows. Males make up 92% of the population in the juvenile justice system (Skowyra & Cocozza, 2006). 68% of those males are African American/Hispanics (Strom, 2000). 94% have an education of 11th grade or under (Strom, 2000). They are getting younger. In 1985, 80% entered at the age of 17 and 18% at the age of 16. In the year 1997, 74% entered at the age of 17, 21% at the age of 26, and 5% at the age of 15 or under (Strom, 2000).

The statistics are staggering of youth who meet DSM-IV-TR criteria in the juvenile justice system. Approximately 70% suffer from at least one mental disorder. Of those, 79% met criteria for a second mental disorder. Depending on the sample, between 58-75% of juvenile justice system youth met criteria for a substance abuse disorder (Abrams, 2003). Of the youth who meet criteria for one
mental disorder, 20% of them experience symptoms that are so serious that their ability to function is severely impaired (Skowyra & Cocazza, 2006). Many of these youth have been witnesses or victims of trauma (Mahoney, Ford, Ko, & Sigmfried, 2004). Many have been victims of physical and sexual abuse (National Clearinghouse on Child Abuse and Neglect, 2005).

The DSM-IV-TR diagnoses that are most common among youth in the juvenile justice system are Major Depression, PTSD, ADHD, Anxiety Disorders, and addictions. These disorders interfere with reaching developmental milestones, learning, and academic achievements. There is a flagrant lack of adequate mental health services to identify and address the mental health symptoms and substance use disorders of difficult-to-reach adolescent males. Many find other methods of coping with the negative emotional states that result from experiences of loss and frustration. Turning to alcohol and/or drugs to self-medicate emotional pain is unfortunately commonplace.

**Intervention Strategies for Difficult-To-Reach Adolescent Male Substance Abusers**

1. Examine your feelings about difficult-to-reach adolescent males – Many of these males have negative stigma in their families, communities, and schools. It is not uncommon for counselors to have a similar negative response to these males. Being aware of and working through these feelings, perhaps by seeing the victimization of these males (i.e., childhood trauma, abandonment, etc.), which often lies underneath their behavior, can help counselors make empathic connections (Sanders, 2006).

2. Decrease resistance in the first session by:
a) asking strength-based questions - as opposed to focusing only on what he has
done wrong (Rudolph & Epstein, 2000), i.e.

- What do you do well?
- What skills do you have that have enabled you to endure so much?
- What is your current or previous life suffering preparing you to do with the
  rest of your life?
- What do you like to do in your leisure time?
- What have you learned from what you’ve gone through?
- What sources of strength have you drawn from?

b) being nonjudgmental

c) complementing his style of communication, i.e., being more verbal as a counselor
if he is silent; being more silent as he talks

d) exuding warmth – This helps to break down barriers of communication
(Gladwell, 2005).

3. Move at his pace and join his resistance – When working with resistant
clients, it is often helpful to allow them to control the pace and, rather than fighting
fire with fire, join their resistance by allowing them to openly talk about not having
a problem and needing to be in counseling (Miller & Rollnick, 2002).

4. Use approaches that have proven to be evidence-based with difficult-to-reach
adolescent males, including multisystems therapy, functional family therapy, and
multidimensional family therapy (Redding, 2000).

5. Provide cognitive behavioral restructuring – Cognitive behavioral therapy
has been found to be an effective approach with difficult-to-reach adolescent males.
This approach focuses on thinking patterns that precipitate acting-out behavior (Bloomquist & Schnell, 2005; Davis, 2000; Garbarino, 1999).

6. Provide treatment for co-occurring disorders – As research reveals that the majority of these males have a concurrent mental illness (Abrams, 2003), as mentioned earlier, many of these youth wind up in the criminal justice system, a system that is often ill-equipped to effectively work with them (USDHHS, 2000). Integrated dual-disorders treatment is the most effective approach (CSAT, 2005).

7. Provide recovery coaches – Recovery management is a new approach to working with individuals with substance use disorders. It is an approach that involves working with clients ongoing in their natural environment where so many of these “real challenges” occur (White, Kurtz, & Sanders, 2006). This approach is ideally suited for difficult-to-reach adolescent males, because of myriad challenges they face in their natural environments while trying to stay sober simultaneously. The approach can involve pairing the youth with a recovery coach, a peer mentor, whose primary credential is not necessarily an advanced degree or certification, but it is the fact that they have “been there.” Their recovery status makes them potential lifestyle consultants (White, Kurtz, & Sanders, 2006) for difficult-to-reach adolescent male substance abusers.

8. Engage in activities that increase endurance, courage, confidence, and discipline – including distance running, chess, Marshall Arts, and other activities that have been found to be protective factors and to increase resilience (Bell, 2001).

9. Recommend constant and predictable routines – Many difficult-to-reach adolescent males have experienced a great deal of disruption in their lives due to
abandonment, trauma, expulsions, and incarceration. It is important for some part of their lives to be predictable. Suggestions to adult caretakers to serve dinner at the same time, have a regular and consistent family outing, the same morning wake-up time, etc., can provide some consistency that is desperately needed (Garbarino, 1999).

10. Provide culturally specific services – As stated earlier, a large percentage of difficult-to-reach adolescent males, particularly those in the criminal justice system, are males of color. Utilizing counselors who are able to make cross-cultural connections with clients and their families and incorporate positive aspects of the clients’ culture into the change process, can be instrumental in engaging young men in counseling (Little, Jackson-Gilfort, Marvel, 2006).

11. Provide therapy that addresses issues of rejection and abandonment – Minus this, in the long run, it may be difficult to sustain positive change in these youths without a focus on underlying causes, including issues of abandonment and rejection.

In this article we have outlined strategies for working with difficult-to-reach adolescent male substance abusers. We realize that many counselors are perplexed as to how to serve them. We have therefore outlined a number of strategies, the idea being that if you try one thing and it doesn’t work, you try something else, and if that doesn’t work, you try something else. As long as you have strategies to utilize, you’ll always have a degree of optimism, which is needed in order to help these young men turn their lives around.
REFERENCES


ABOUT THE AUTHORS

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