



CHAPTER 1

Struggling Teens:

ISSUES AND CHALLENGES

The adolescent years can be challenging. Although adolescence can be an emotionally stormy phase for virtually all teenagers, sometimes a youth's struggles are especially intense and require intervention. Many teens struggle with issues related to mental health, family relationships, friends, school performance, substance abuse, sexuality, and various high-risk behaviors. For example:

- ▲ Amanda, 15, lived with her parents and younger brother. Amanda was a bright child but struggled academically. She had a learning disability and had been diagnosed with attention deficit/hyperactivity disorder (ADHD) in the second grade. Often she had difficulty making friends and felt like she did not "fit in." Amanda's parents had adopted her at birth and were aware of her birth family's long history of mental health struggles. Amanda's parents accessed counseling for themselves and Amanda throughout her childhood to get extra support and help her develop coping skills. They knew Amanda had low self-esteem despite all their efforts to help her feel good about herself.

Amanda began hanging out with several teens she met on the Internet via instant messaging and, before long, was skipping school with them, experimenting with drugs, and refusing to be home by her 10 p.m. curfew. Amanda, always a feisty child, began to argue with her parents constantly and refused to obey basic family rules. Amanda's parents feared for her safety, could no longer tolerate her rebellious behavior, and felt desperate to find help.

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▲ Stan, 17, was arrested by the police for cocaine possession. He had been using cocaine and marijuana for several months. Stan sold drugs to friends so he would have money to support his own heavy drug use, which had started shortly after his parents divorced and his father remarried. Stan's parents sent him to an after-school teen substance abuse program in their community, and the whole family attended several counseling sessions there, but Stan's drug use and defiant behavior continued. Stan kept slipping out of school during the day; occasionally snuck out of bed in the middle of the night to talk on the phone and use the computer; had failing grades; and was chronically combative, hostile, and oppositional. Stan's parents became afraid of him. They did not know what to do to stop his downward slide.

The lawyer handling Stan's drug charges told his mother that she, with the lawyer's help, should try to find a therapeutic boarding school for Stan. The lawyer explained that a judge might be willing to order Stan to the school as an alternative to sentencing him to a juvenile correctional facility.

▲ Tamar got along well with her parents and siblings and was a strong student until age 16, when she became sullen and withdrawn. Her grades slipped and, on several occasions, she cut her arms with a blade and burned the backs of her hands with cigarettes. Tamar's school social worker referred her to a psychiatrist, who began treating her for depression. After two suicidal gestures, Tamar's psychiatrist suggested that Tamar's parents find a residential treatment center that could help with her mental health and school issues. Unfortunately, Tamar's parents were unemployed and did not have comprehensive health care coverage to pay for the services Tamar needed.

▲ Dwayne, 16, lived with his grandmother. Dwayne's mother died of a drug overdose when he was eight years old; he never met his father. Dwayne was suspended from school after fighting with another student who attacked Dwayne for being "a black fag." Dwayne had wondered for years about his sexual orientation, and he had experienced sexual relations with several teenage boys and older men. He dreaded going to school because he felt so unsafe there; he was picked on and tormented relentlessly by peers while teachers and

school staff remained silent and failed to intervene. Dwayne's grandmother worried about his failing grades, moodiness, and despair; she knew he needed help but did not know where to turn. Dwayne tried outpatient counseling at the local mental health center, but he remained chronically distraught and overwrought. Dwayne's grandmother was frightened by his agitation, angry outbursts, and moodiness.

In each example, the parents and guardians—like the parents and guardians of struggling teens everywhere—did their best to raise happy, well-adjusted children who felt loved and secure.¹ From infancy, they talked to their children, showed them love, gave them consistent discipline, said bedtime prayers, read to them, monitored how much television they watched and with whom they played, went to parent-teacher meetings on open school nights, read parenting books, talked with other parents for problem-solving ideas, and asked their pediatricians for advice. When things got tough, these parents attended meetings with school staff and administrators, had their children evaluated to determine whether they had special needs, arranged for their children to receive mental health counseling, agreed to have their children try medications their psychiatrist recommended, went to family therapy and marriage counseling to improve communication and parenting skills, enrolled their children in outpatient substance abuse counseling programs, admitted their children to inpatient psychiatric facilities, lost sleep, cried, and prayed. These parents received so much advice—some consistent and some contradictory—that their heads began to spin: "Be firmer!" "Don't be so rigid and demanding!" "Be gentler." "Stand your ground!" "Try to listen and be more supportive." No wonder these parents felt uncertain, confused, off balance, blamed—and raw.

Parents of struggling teens can find and receive help. Over time, struggling teens and their families can make great progress, although the road can be long and hard. The key challenge, for many, is knowing where to begin and what to do next—where to turn in times of crisis. When crises emerge, most parents of struggling teens scramble frantically for information

1. Not all struggling teens live with their parents. Some parents struggle with their own mental health, substance abuse, financial, legal, and other problems. In such cases, the teen might live with grandparents, friends, other relatives, in foster homes, or group homes. To avoid cumbersome terminology, throughout this book the term "parents" also includes other guardians of struggling teens.

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and assistance, grasping for help that turns out to be fragmented and uncoordinated. This book is for them.

This guide is designed to provide parents of struggling teens, as well as the professionals who work with them, with a concise overview of issues they are likely to face, the range of available services and programs, practical strategies for finding the right services and programs, and advice about how to cope with a struggling teen.

Who Is a Struggling Teen? Warning Signs

The term *struggling teen* describes youths who show signs of distress, some subtle and some obvious. Common warning signs include the following behaviors:

- ▲ Isolation and withdrawal: Most teens withdraw from parents, but some sink into themselves too far. They may feel profoundly alone and alienated, unable to connect with any safe adult. They crave friendships but feel too demoralized and fearful to reach out to others or respond to friendly overtures. Many struggling teens have poor self-image and little confidence. They doubt that they can be competent and successful, and they become increasingly cut off from school, family, and friends. These teens are easy prey for involvement with “the wrong crowd” because of their hunger to belong.
- ▲ School failure and truancy: Many struggling teens perform poorly in school. Some were strong students in grade school but became discouraged and alienated from academics in middle school or high school. Other teens have difficulty with school their entire lives because of learning disabilities, mental health issues, difficult home lives, or school environments that are hostile, unresponsive, racist, and non-nurturing.
- ▲ Defiance toward authority: Many struggling teens refuse to obey rules laid down by parents, teachers, the police, and other authority figures. They may refuse to obey rules at home, cheat on school assignments, and become involved in delinquent activity (for example, shoplifting, reckless driving, and drug use). They may be suspended or expelled from school, chronically truant, or in trouble with the police.

- ▲ Running away from home: Teens may run away from home to escape conflict with their parents, assert their independence, avoid the consequences of breaking rules, or flee their own distressing emotions.
- ▲ Choosing the “wrong” friends: Teens normally seek solace from peers. Struggling teens have a knack for finding other struggling teens. These friends, who themselves are having a difficult time, engage the teen in high-risk behaviors, such as drug and alcohol use, sex, and delinquency.
- ▲ Impulsive behavior: Teens who hang out with other struggling teens sometimes engage in high-risk and impulsive behaviors such as speeding, shoplifting, using drugs and alcohol, and having unprotected sex. They may have a “devil-may-care” attitude and take chances because they feel invulnerable and believe they have everything under control. Teens who abuse drugs and alcohol are even more likely to engage in impulsive behavior because of their impaired judgment.
- ▲ Getting in trouble with the law: Struggling teens may break the law, ranging from committing crimes against property (for example, spray-painting graffiti, turning over gravestones, stealing cars) to committing violent crimes (for example, assault, robbery, rape).
- ▲ Depression: A significant percentage of struggling teens show signs of depression. Common symptoms include poor appetite or overeating; difficulty with sleep (insomnia, premature awakening, or sleeping too much); low energy and fatigue; low self-esteem; poor concentration; difficulty making decisions; feelings of hopelessness, guilt, and worthlessness; and irritability.
- ▲ Abusing alcohol or drugs: Many struggling teens experiment with or abuse alcohol or drugs, including marijuana, methamphetamines, cocaine, heroin, or medications. Teens who are abusing substances may experience a persistent desire for the substance; difficulty cutting down or controlling consumption despite negative consequences; frequent intoxication; withdrawal symptoms; impaired school, job, or social functioning; and a need for increased amounts of the substance to achieve a “high.”

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- ▲ **Eating disorders:** Some struggling teens show signs of an eating disorder, such as anorexia nervosa or bulimia. They may seriously undereat, binge eat, or purge through vomiting or laxative use. Teens can compulsively overeat or exercise excessively to avoid weight gain.
- ▲ **Self-injury:** Some teenagers try to hurt themselves by cutting, burning, branding, bruising, or hitting themselves, among other methods. Mental health professionals generally agree that teens who try to hurt themselves in these ways do so in an effort to cope with emotional pain; the self-injury temporarily releases unbearable psychological tension.

Teens in every community, from the most affluent to the poorest, encounter challenges during their adolescent years that can lead to trouble. Families in low-income, economically distressed communities face special challenges, including high rates of poverty and crime. Oppression and discrimination permeate their lives. Research shows that teens living in economically distressed communities are more likely to engage in high-risk activities, be unsupervised after school, and lack adequate health and mental health care.²

The challenges that typical adolescents face can be especially severe for low-income teens who are of color, immigrants, or refugees. Because of racism and prejudice, these youths' needs may be ignored. They may be singled out; bullied and taunted; victimized in racially charged incidents; and harassed by educators, local merchants, neighbors, or police who target teens of color, assume they are "trouble," and lack compassion for the challenges these youths face. Racial and ethnic tensions contribute to the behaviors that sometimes get these teens in trouble.

Fortunately, help is available.

2. For additional discussion of the unique challenges and risks faced by teens living in economically distressed communities, see Rolf Loeber and David P. Farrington, eds., *Child Delinquents: Development, Intervention, and Service Needs* (Thousand Oaks, CA: Sage Publications, 2001) and Gail A. Wasserman, Kate Keenan, Richard E. Tremblay, John D. Coie, Todd I. Herrenkohl, Rolf Loeber, and David Petechuk, "Risk and Protective Factors of Child Delinquency," *Child Delinquent Bulletin Series*, (Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice), April 2003, available at <http://www.ncjrs.gov/html/ojjdp/193409/contents.html>.