

Self-Medicating: When Teens Turn to Substance Use as a Means to Cope

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 1 in every 25 teenagers aged 12-17 experience some kind of challenge with substance abuse. Teens may use substances for a variety of reasons including curiosity and peer pressure. However, research shows that many teens also turn to substance use as a means to “try and solve a problem”. For example, they may turn to drugs and alcohol as a means to escape emotional pain, deal with stress, relieve anxiety, or cope with traumatic experiences. Often referred to as self-medication, the use of drugs and/or alcohol becomes a maladaptive coping mechanism.



Unfortunately, in an attempt to find temporary relief, this approach only masks the underlying problems and causes more harm. Additionally, mental health disorders and substance use are strongly linked. Research confirms that self-medication is one of the most common issues connecting mental health and substance abuse. When a mental health disorder goes undiagnosed, untreated, or undertreated, a young person may attempt to self-medicate their mental health symptoms. Studies show that ADHD, anxiety disorders, post-traumatic stress disorder, and depression increase the risk of substance use in adolescents (Partnership to End Addiction).

Experts note that it is important for parents and caregivers to try to understand what may be driving youth to self-medicate by looking at changes in their behavior, moods, patterns, and habits. The combination of substance use and mental health disorders can create many challenges. Aside from the risk of developing a damaging addiction, many mental health symptoms are made worse by using drugs and/or alcohol. The adolescent brain is still developing and as such, the results of teenage self-medication can escalate from experimentation to a serious substance use disorder much faster than in adults. According to experts at the Child Mind Institute, that progression is more likely to happen in young people with mental health disorders compared to other adolescents.

The good news is, that research shows that identifying and treating mental health disorders can reduce substance use. Likewise, reducing substance use can improve treatment outcomes for mental health disorders. When youth are struggling with both substance use and mental health concerns, they may require treatment to address both issues. Treatment for co-occurring disorders may include therapy, medication, or a combination of the two.

Adults can play an important role in preventing self-medication. It is not uncommon for teens to keep their feelings hidden and try to cope with various issues or problems on their own. As such, when having

conversations with youth about drugs and alcohol, incorporating education and awareness about the risks of self-medicating as a means to cope with challenging experiences or feelings is an important piece. Promoting mental health awareness and helping teens foster healthy coping mechanisms can also reduce the risk of substance use. Below are some additional tips:

- Normalize Seeking Help: make it clear that seeking help for mental health concerns, substance use or other challenging experiences is a sign of strength, not weakness.
- Offer emotional support to teens by listening without judgment and validating feelings.
- Open Dialogue: create safe spaces where teens can share their experiences, concerns, and challenges.
- Promote mental wellness by helping teens foster healthy habits like good sleep, mindfulness, and stress management skills.

References: American Addiction Centers; Child Mind Institute; Partnership to End Addiction; Substance Abuse and Mental Health Services Administration (SAMHSA)

Seeing the Victim: The Impact of Witnessing Abuse on Child Development

Domestic violence is a tragic part of many relationships. While it may seem rare, in the United States, as many as one in three women and one in four men have experienced physical violence from a partner, according to the National Coalition Against Domestic Violence (NCADV). Furthermore, one in seven women and one in twenty-five men have been injured by their partner. While the tragedy of acts like these are apparent, the impact that witnessing abuse can have on children can often be left by the wayside, particularly when they are not the primary victims of abuse.

According to NCADV, one in fifteen kids are exposed to intimate partner violence. While not the target of the abuse, children's development can be significantly affected by witnessing domestic violence. Depending on their age, this can manifest in a variety of ways. Anxiety and Post-Traumatic Stress Disorder are extremely common for these children to manifest. Younger kids may regress on some of their development, such as returning to wetting the bed and thumb-sucking. These children may also experience physical effects of anxiety such as headaches and stomachaches, or may generalize these feelings and simply state they "feel bad". For older kids and teens, rebellion can be their response to witnessing abuse. They may become more aggressive in school, engage in risk-seeking behaviors, and tend to have a higher likelihood of finding themselves in legal trouble.

While the immediate impact of having domestic violence in the house is easily observed, it's harder to see the impact that it has on children as they develop. For instance, in 2009, a study found that children who were in households with domestic violence, but were not victims of domestic violence themselves, were more than twice as likely than the general population to experience a period of major depression in adulthood. For many, the anxiety and PTSD that they began to experience as younger kids stick with them into adulthood, and continue to impact them in their daily lives. These individuals may also be more likely to develop eating disorders or diabetes, and suffer from low self-esteem. Many may find themselves replicating the dynamics in which their parents engaged. For young men, they are ten times more likely to abuse their partner as an adult. Similarly, young women who grow up witnessing abuse are six times more likely to be victims of abuse than the general population.

Given these consequences of simply witnessing violence, let alone experiencing it, there is an extreme need to combat these effects in children. While in an ideal world, we would simply remove the child from the abusive environment or have the abuse end, that is not always an option. It's important to advocate for the victim and their children to leave the abusive environment, while also presenting steps to be taken in the meantime to build safety and mitigate the impact of the abuse on the child's wellbeing. These steps can include:

- **Developing a safety plan** – Safety plans can help victims remain composed and maintain control in situations with their abuser. NCADV has an excellent page for developing a safety plan, which can be found here: <https://ncadv.org/personalized-safety-plan>

- **Discuss healthy relationships and setting boundaries** – For youth, discussing what relationships ought to look like and how to set the boundaries within them can be vital to ensuring they don't carry the behaviors they're observing into adulthood.
- **Bolstering their support system** – While adults can reach out to friends, family, and coworkers to establish a wider support system during times of abuse, children seeking to widen their support system have a much harder time. Having trusted adults to speak with and confide in is vital to their success, particularly when dealing with such a traumatic event. If one guardian is unable to be trusted, it's important to provide additional trusted adults to ensure the child has proper support. This can be a counselor, a coach, a favorite teacher, or another trustworthy individual that can consistently support the youth.
- **Seeking professional assistance** – For anyone who has experienced significant trauma, such as abuse, therapy will be a crucial tool to recovery. Exploring this option can be particularly hard, both due to stigma and cost, but it is one of the most effective ways to help children recover from their trauma.

For more information on domestic violence and its effects, please visit the following pages:

<https://ncadv.org/statistics#:~:text=1%20in%203%20women%20and,be%20considered%20%22domestic%20violence.%22&text=1%20in%207%20women%20and,injured%20by%20an%20intimate%20partner>

<https://www.womenshealth.gov/relationships-and-safety/domestic-violence/effects-domestic-violence-children>

<https://www.newswise.com/articles/witnessing-parental-domestic-violence-in-childhood-linked-to-mental-illness-in-adulthood>

<https://saheliboston.org/dont-forget-the-children-the-impact-of-witnessing-domestic-violence/>

<https://www.verywellmind.com/the-impact-of-domestic-violence-on-children-5207940>



GRIEF

When it comes to grief, first and foremost, it is important to remember that grief takes as long as it takes. Furthermore, nobody grieves exactly the same. Working through grief is a personal process and we all are unique in how we grieve.

We also need to remember grieving children and teens need continual care, comfort, and support. Sometimes, unintentionally, we fail to check-in with our children/teens as we are making arrangements, planning services, all the while trying to cope with our own grief.

There are five commonly accepted stages of grief. Kids and adults all go through the same stages of grief. However, because children/teens have fewer lived experiences, they tend to grieve differently.

Stage One of Grief: Denial:

Denial refers to the period of grieving during which a person refuses to accept the reality of a situation.

In children, it can look like:

- A feeling of numbness and/or shock.
- Avoiding the topic (discussions about the death, funeral arrangements etc.)
- Appearing to have little or no response to the news that a loved one has died
- Asking when the person who has died is coming back home
- Thinking they have seen the person who has died in public/a crowd
- Avoiding telling their friends or teachers about the death

Stage Two of Grief: Anger:

Anger is a very natural and common reaction to death. Anger may show itself in different ways.

In children, it can look like:

- Feeling angry and/or blaming oneself
- Having a quick temper
- Low or loss of patience.
- Being angry with and/or blaming the person who died
- Irritability, tantrums, and defiance at home or at school
- Getting into fights with siblings or peers
- Feeling mad at God for taking a loved one away
- Expressing anger toward the deceased for abandoning them
- Blaming doctors or other caregivers for not doing more to help
- Feeling jealous of other kids whose loved ones are still alive
- Turning the anger inward by feeling guilty or ashamed

Stage Three of Grief: Bargaining:

Bargaining is when we start to make deals or compromises with ourselves, and/or perhaps with God/higher power. When we experience a death, we often feel overwhelmed and helpless, as we might feel a loss of control over what has happened. Accepting that there's nothing we can do to change what has happened is difficult.

In children, it can look like:

- Trying hard to be a perfect child (so that maybe their pain will go away and/or the person comes back)
- Avoiding showing negative feelings
- Regretting things they failed to do or say when the person who died was alive
- Asking God to bring their loved one back

Stage Four of Grief: Depression:

Feelings of intense sadness from missing the person who died is what we think of most often when we think about grief. The intense pain and sadness often comes and goes in waves.

In children, it can look like:

- Not wanting to do things they used to find fun, like sports or after school clubs
- Changes in sleeping and eating habits
- Spending more time in their room, instead of hanging out with friends or family
- Body symptoms, like headaches and stomachaches
- Frequent crying
- Suicidal Ideation

Seek immediate help or call 988 if you are concerned that your child/teen is thinking about suicide.

Click the link below for more information on suicide warning signs and resources.
<https://www.nimh.nih.gov/health/publications/warning-signs-of-suicide>

Stage Five of Grief: Acceptance:

Most of us eventually work our way into the acceptance stage of grief. Moving into this stage of grief doesn't mean a child/teen is not sad about their loss but rather, they begin to move forward in a healthy manner while continuing to grieve. Children accept that their loved one died and that that person is not coming back. They are adapting to life without that person and experiencing happiness and having a sense of normalcy. Of course, children, like adults, will continue to have moments of sadness and loss.

In children, it can look like:

- Showing interest in seeing friends again
- Beginning to talk about the future in hopeful ways
- Talking about and sharing memories of the person who died
- Creating memorials to help remember and mourn the person who died
- Decreased anxiety, sadness, and/or anger
- Developing new interests

As mentioned before, grief takes as long as it takes. It is important to remember it is common for grief to reappear months, and even years, later after a death. Milestones such as becoming a teenager, turning 16, graduating etc., may trigger grief, even years later.

What you can do if you are Concerned about a Grieving Child/Teen:

If you become concerned about your child/teen grieving due to any extreme reactions they are experiencing, or if you think your child/teen could be clinically depressed, you can contact trained professionals, such as a grief specialist, school and/or licensed individual counselor, school social worker and/or a local family support agency.

Seek immediate help or call 988 if you are concerned that your child/teen is thinking about suicide.

Click the link below for more information on suicide warning signs and resources.
<https://www.nimh.nih.gov/health/publications/warning-signs-of-suicide>

For more information on Grief and Grief Support, click on the Nebraska Grief Resource links below.

- <https://www.mourninghope.org/>

- <https://thecollectiveforhope.org/>
- <https://scipnebraska.com/>

Article Resources:

- <https://nacq.org/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8794619/>
- <https://childmind.org/article/helping-children-deal-grief>