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Abstract
Counseling adolescents can be challenging and hard work. Counseling adolescents trying to conquer their substance abuse can be even more difficult. The goal in counseling teens with substance abuse is to assist the adolescent to stop drug use and to help the teen choose positive life choices. Narrative therapists use techniques found to be helpful in counseling teens with substance abuse. This paper will define Narrative therapy, discuss some techniques, and examine its effectiveness in treatment of drug abuse in adolescents.
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Abstract

Counseling adolescents can be challenging and hard work. Counseling adolescents trying to conquer their substance abuse can be even more difficult. The goal in counseling teens with substance abuse is to assist the adolescent to stop drug use and to help the teen choose positive life choices. Narrative therapists use techniques found to be helpful in counseling teens with substance abuse. This paper will define Narrative therapy, discuss some techniques, and examine its effectiveness in treatment of drug abuse in adolescents.
Adolescents come to treatment for drug abuse for a variety of reasons. The teen may be in trouble with the law or the parents are demanding the teen come. They may come because of suicidal feelings or acts. Some teens seek treatment because they are tired of the way they feel. Since adolescents have different motivations for coming to drug abuse counseling, many will have different levels of motivation to succeed.

Adolescents are often bombarded with ideas on how to behave, think, and develop their values and priorities. Adolescents may be angry or indifferent about consulting a counselor. A counselor taking a rigid stance on issues such as substance use or changing teens social life may be an ineffective approach to therapy. The rigid approach is a common style in substance abuse groups (Biever, McKenzie, Wales, North, Gonzalez, 1995). If counselors are too directive with their values and technique choices, the adolescent may become oppositional or simply stop listening, resulting in a conversational impasse and possibly no positive long term life changes (Fassinger, 1996).
The objective of substance abuse therapy for adolescents is to help them stop drug use and choose positive life choices after treatment. One way to accomplish this is through Narrative therapy (Kaptain, 2004). This paper will give a brief definition of Narrative therapy. It will explore some techniques used in Narrative therapy. It will address the question, whether or not Narrative therapy is a viable way to counsel teens in drug abuse recovery.

Defining Narrative Therapy

Narrative therapy is a relatively new theory developed in the 1980s by Michael White and David Epston. It originates from social constructionism and post modern theory and was influenced by the works of Michel Foucault (Smith & Nylund, 1997). Narrative therapy is concerned with the ways people construct meanings rather than the ways they behave. White and Epston (1990) developed it into a popular theory used in family therapy and individual therapy.

The core idea used in Narrative therapy is to use conversation and language. By talking and helping a person change their own story about themselves, the counselor can help the person change their behavior and their concept of self (Witty, 2002). Simply put, the term narrative implies
listening to and telling or retelling stories about people and the problems in their lives. People are shaped by the stories they believe about themselves (Besley, 2002). Narrative therapists believe that all human thought and behavior exist in cultural contexts. People’s views of the world are shaped through a complex, and generally unconscious process of sifting through experiences and selecting those that are most consistent with the story one holds of oneself (Eron & Lund, 1996). For example, in Western culture a story believed by some white middle class female teens is that they must be thin, wear expensive clothing, have a cell phone, have their own car, and have a boyfriend to be a successful teenager. If the teen believes this story but does not have this life, then that teen will have a negative self-image (Boje, 2005). With a negative self-image the teen may easily turn to drug abuse to cope with her life. The self-narrative is not neutral in effect. Just as different stories or self-narratives are not equal in effects.

The Narrative therapists goal is to help the people rewrite the stories of their lives. By looking at their past and thinking about how their future can be different they can change their beliefs about life. This gives power to the adolescents and encourages them to take charge of
their own lives. They have the ability to change their lives (Nichols & Schwartz, 1998).

In the face of serious and potentially deadly problems like substance abuse, the idea of hearing or telling stories may seem a trivial pursuit. It can be hard to believe that conversations can shape new realities. But Narrative therapists believe it can. With the help of a counselor a new story can be developed in adolescents’ lives (Lobovits, 2000).

The basic theme of narrative therapy introduced by Michael White is "the person is not the problem, the problem is the problem" (Schwartz, 1999, p. 212). People are the experts of their own lives and view their problems as separate from themselves (Boje, 2001). Narrative therapy assumes people have many skills, and abilities that will help them to reduce the influence of problems in their lives. A Narrative counselor believes people have the ability to change for the better (Mascher, 2002). A Narrative counselor thinks of the person as the expert of his or her life and the counselor plays the consultant role (Carr, 1998). A counselor will show respect and openness to the person. They will ask the person to share their story with them so they may better understand the client (Amundson, Webber, & Stewart, 2000). Narrative puts an
emphasis upon the stories of people's lives and how through changing the way they think of their life will make a difference in their lives (White & Epston, 1990). Narrative therapy involves ways of understanding the stories of peoples' lives, and by changing these stories can help people overcome their problems.

Kaptain (2004) describes how a therapist would verbalize the problem as separate from the adolescent. The counselor may ask the teen, if tomorrow you woke up and the drug abuse was gone how would your life be different? The question allows the teen to see him or her separate from the drug abuse. This concept helps the adolescent feel empowered to turn their life around and become productive and successful. White (1990) describes the problem as becoming a separate entity which is external to the person. This concept helps liberate the adolescent from self-blame. Once the adolescent is liberated from self-blame and old stories there is now room for a new and preferred story. With guidance from the counselor the adolescent can construct a new version of their story.

An additional way therapists help adolescents look at the drug problem is to understand the drug is not who they are. The teen is addicted to a drug and has skipped school, lied to the parents, and stolen money to buy drugs. The
adolescent is labeled a drug addict. Narrative therapy would suggest that the teen should not be labeled as a drug addict but a teen having trouble with a drug. The teen can be taught to look at the drug as an external problem separate from the teen. Now the adolescent can look at the drug as the enemy and look at themselves as the strong person who stands up to the enemy and says no. The adolescent can now take on a hero role instead of the bad person who uses drugs role.

The American Family Therapy Association newsletter gives some examples from a Narrative point of view of what the drug would say if it could talk about a teen. The drug would say it could not stand self love and self-acceptance by a teen. The drug does not want a teen to have self care. Self-respect in a teen is toxic to the drug. If a teen reclaims personal power it will stop the drug from feeding on guilt and fear ("Power To Our Journey", 1996).

Teens that have a drug abuse problem tend to dwell on how they have failed or how they are bad people because they can not stop using the drug. But using these type of empowering ideas, as stated earlier, helps the teen to change their drug habits without feeling judged about their past (Schwartz, 1999).
Already discussed were the basic ideas of Narrative therapy. Many techniques are available to narrative therapists. Some examples are therapeutic documents, naming the problem, metaphors, adventure based activities, story telling, and letter writing. In the following sections, these techniques will be explained in detail.

One technique used in Narrative therapy is "therapeutic documents". These are written documents to help the person see the progress they have made. The person is asked to write their ideas and comments in letter form. This allows the person to keep his or her thoughts in a permanent fashion. Seeing the written word can also help the person at a later time (Chen, Noosbond, & Bruce, 1998).

A Narrative therapist may assign clients with the task of answering questions regarding their problem in an essay or written form. Kaptain (2004) used this idea teens being treated for drug abuse. He came up with a number of individual written accounts responding to their problems from a narrative stance. The teens were encouraged to externalize their particular problem. Parry and Doan (1996) endorse using this kind of externalizing conversation from the outset of therapy. They claim that naming the problem is a way to recognize the problem and the plan the problem has to destroy the person.
Kaptain (2004) used the idea of naming the problem in his research when he asked participants to respond to questions regarding the drug problem they identified. He observed teens as having adopted a different perspective and attitude toward their problems. For example, "My addiction wanted to see me in pain. It wanted me to hurt and push my friends and family away so I would keep using more." "My addiction did not want me to go for treatment meetings, to feel safe, or to love myself. It wanted me to die, be depressed, to be angry." "It doesn't like when I am happy or when I have fun. It still wants to control my every move. It wants me to relapse and keep using." These responses show a movement toward taking action by the adolescents against the problem (Kaptain, 2004).

Another technique in Narrative therapy that has been helpful in treatment is the use of metaphors. Brown and Christensen (1996) define a metaphor as therapeutic analogy to characterize relationships; or, a condition, such as a symptom, that represents another condition by analogy. In simpler terms a metaphor is storytelling to make a deeper point. The metaphor can provide a means for adolescents to understand the often complex principals behind the problem. Carlson (1999) wrote a paper about the power of metaphors
using a story about a computer virus. Carlson was counseling a teen with a drug abuse issue. Carlson started talking about some trouble he had with his computer and a virus destroying many programs. Carlson then turned the story around to see how a drug can come into a teen's life and slowly destroy the adolescent's life. This metaphor helped the teen see the connection with his drug use. The teen saw how marijuana was like a virus in his life. Marijuana had entered his life in very subtle ways and slowly began to take over his life. Eventually making him feel powerless against the drug and convinced he was powerless of stopping the use of marijuana (Carlson, 1999).

A teen may also be resistant to communicating about their struggles with drug abuse. They may choose to shut down verbally about their fear of having no power to stop their drug abuse. Adventure based activities can be used and then translated into metaphors to help the teen talk about his or her drug abuse problems (Mascher, 2002). By using adventure based activities Combs (2001) found it helped the teen open up and change his or her feelings about their ability to stop drug use. Some examples of adventure based activities are rock climbing or repelling. Less physical adventure based activities could be drawing or writing tasks. After accomplishing an activity assigned
to the adolescent the narrative therapist discusses the story or lesson to be learned through the activity and it empowers the teen. This can teach the teen that he or she has the power to overcome the drug abuse (Mascher, 2002).

Another technique used in Narrative therapy is storytelling. Story telling in Narrative therapy is the telling of stories about teens who have succeeded in stopping drug abuse. Zimmerman and Dickerson (1994) warn that story telling can be biased when talking to adolescent females versus adolescent males. They discuss the problem of adults giving a story to an adolescent female that gives the message that they are not to be trying to achieve the things of the male world. For example, a story could be told from fairy tales. One could talk about the prince who comes and rescues the fair maiden from her problems. This may give the female a message of weakness on her part. Which could silence the adolescent female causing her frustration and stress which opens the door for continued drug abuse (Zimmerman & Dickerson, 1996). It may be more empowering to the female to tell a story about a female who conquers her problems without the help of a male.

Letter Writing is another technique developed for Narrative therapy (Nichols & Schwartz, 1998). David Epston, as (cited in Nichols & Schwartz, 1998) is one of the
founders of Narrative therapy and used the letter technique
to write his thoughts to the client after the counseling
was finished. He used the letter to acknowledge the hard
work done by the client and to encourage the client. He
also would summarize what the new story was for that
client. This has been a successful technique in helping the
client after treatment. Epston found it gave the client
something tangible to go back to and encourage the client
to continue on with their successful story. To remind the
clients of all they have worked through and how successful
they had been in that hard work. Epston was told by past
clients how helpful and powerful this technique was to
them. Even years later, they could read these letters at any
time and still be encouraged and supported by them (Nichols

Narrative Therapy Effectiveness in Treatment of Drug Abuse

Drug abuse is a growing problem for adolescents
(Carlson & Lewis, 1998). Much work has been done to help the
teen in drug therapy and this section will look at two
studies that addressed this issue to see if Narrative
therapy is successful in treating teens with drug abuse
(Kaptain 2004; Holcomb 1994). Few empirical studies on
Narrative therapy with drug abusing teens exist in the
literature.
A study done in 2004 using Narrative therapy with teens experiencing drug abuse by Dr. David Kaptain found the teens expressed a positive experience with the therapy although there was no significant statistical evidence found in this study. The Narrative therapists still believe the teens responded well to the Narrative techniques and found a lesser number of teen relapsing in their drug use.

Participants in this study were teens in two different adolescent outpatient programs available in the Midwest. Ninety-nine participants were included in this study. The age of participants ranged from 12 to 19 years old with the largest percentage being 15 years old. There were 44 males and 55 females. The teens were randomly assigned to narrative and non-narrative therapy as part of their therapy.

For the Narrative group, treatment consisted of four different Narrative activities. Two of the methods were process-type treatments and two educational. The process method focused on externalizing the problem, while the educational methods were more informational in nature, and helped teens to make a connection between their personal knowledge and experience. Each treatment was identified to the adolescents as a Narrative therapy (Kaptain, 2004).
Narrative treatment number one was built upon the narrative idea of externalizing the problem and focused on externalizing-type references to alcohol in the Alcoholics Anonymous Big Book (AA World Services, 1976). This treatment focuses on alcohol as “cunning, baffling, and powerful.” The teens were asked to define these words (Kaptian, 2004). This discussion was used to help the teens see drugs as a known enemy that can influence teens by being cunning, baffling and powerful. Narrative treatment number one closes with the discussion of H.O.W. of recovery (Honesty, Open-mindedness, and Willingness) as valuable ways to combat the cunning, baffling and powerful characteristics of drugs (Kaptain, 2004).

Narrative treatment number two was also based on the externalizing concept. This method interviewed the adolescent as the drug of their choice. They were asked to role play as if the drug had a personality of its own. They think and act like the drug. The counselor interviews the drug (Kaptain, 2004).

Narrative treatment number three emphasizes societal views that encourage chemical abuse. In this method the counselor outlines and describes the various levels of influence that drug use has in society. Developmental sociologist Talcott Parsons (1955) describes the process of
individual socialization and family development as occurring specifically within a multi-layered context of societal levels. Individuals and families are seen as influencing each other and being influenced by interrelated set of social levels, ranging from family, to community, to the culture, and on. Narrative treatment number three uses Parsons Theory to accomplish the discovery and exposure of the oppressive ideas of acceptable use of drugs in our society today (Kaptain, 2004).

Narrative treatment number four discusses human development and how drug abuse can alter the growth process. This was accomplished by educating the teens on drug use affecting their ability to grow in social, physical, spiritual and mental areas.

When the adolescents were discharged from the program a Treatment Satisfaction Questionnaire was completed (Kaptain, 2004). The summary of the adolescent's point of view from the questionnaire were positive. The teens wrote they were helped and empowered by the methods used. The adolescents felt it was eye opening and helped them feel better about themselves and their ability to stop using drugs. The adolescents were more self aware (Kaptain, 2004).
Kaptain (2004) was measuring the number of teens that finished the Narrative therapy and did not return to drug use. The results were statistically insignificant. Kaptain reported that the statistical insignificance could be from the limited study group. Only 99 teens were studied. It may also have been influenced by the therapists not having a high level of expertise in Narrative. He used volunteers and they had a limited amount of experience with Narrative therapy. And finally, the teens where put in a limited number of Narrative therapy sessions because of time restraints (Kaptain, 2004). Kaptain indicated that he would like to do further studies that would address these problems from the first study (Kaptain, 2004). Even with the study being statistically insignificant Kaptain (2004) still uses narrative therapy in his counseling teens with drug abuse. He uses Narrative therapy because of the positive feedback given by past teens from the treatment at a Midwestern hospital. Self report hand outs were given to the teens to share their personal experience with Narrative therapy. Comments given to the hospital treatment program by adolescents indicated they were helped to sort out their problems. Teens reported feeling more positive. The adolescents experience was eye-opening and left them with more to think about in a deeper manner. The teens could see
their drug problem as separate from themselves (Kaptain, 2004).

Holcomb (1994) found significant success during his Canadian drug treatment program using Narrative therapy. Participants in this study were ages 13-19 years old and remained in residential treatment for two months. Teens were aided at the program to find solutions to the teens drug problems by separating their lives from negative self stories. The teens re-authored their lives by using knowledge of the drug addiction and positive self-stories. Holcomb (1994) used the technique of retelling the teens self-story. The teens were taught to de-emphasis the label of drug addict and proceed by developing a new story about themselves. The teens were taught empowerment within themselves to conquer the drug abuse. The teens were told that the drug was separate from them and not a part of them.

Holcomb (1994) also found a positive response from the teens towards the counselors when the counselors treated the teens with respect. The Narrative counselors believed the idea that the teens were the experts in their lives and the teens knew the most about what was happening with their drug abuse. The adolescents were able to tell the counselors what was helpful to them and what did not work.
Holcomb (1994) stated several ideas that were implemented at the treatment program that were Narrative techniques. They were re-authoring, no labeling of the adolescents, counselors treating the adolescents with respect and realizing the adolescents were the experts of their lives. These Narrative techniques worked to help the adolescents stop their drug use.

Conclusion

Narrative therapy involves the use of language and the telling of stories at the core of the therapy. By teaching a teen how to rewrite his or her life story, Narrative therapy can help a teen see how his or her life can be more positive and hopeful. It has several techniques that have been helpful to the adolescent with drug abuse problems.

This paper looked at the effectiveness of Narrative therapy in the treatment of drug abuse in adolescents. It found two different treatment centers where Narrative therapy was found to be helpful. Kaptain (2004) and Holcomb (1994) used Narrative therapy with some success in teen drug abuse. There was little empirical research found. It would be this author's suggestion that more empirical research needs to be done to know if Narrative therapy is successful with adolescents to stop drug abuse.
Adolescent drug use remains a major concern. After treatment relapse rates are high (Winters, 1999). These problems do affect our society and they do need to be addressed. Hopefully society will continue to work on finding ways to help our adolescents successfully overcome drug abuse and continue on to be productive members of our world. Narrative therapy is one tool that is helpful. It can be used successfully in drug rehabilitation locations. Time will tell how much impact Narrative therapy can have on helping adolescents stop their drug use. One thing is for sure, trying treatments that the adolescents report liking is a good place to start.
References


