

2002

# Adolescent Substance Use and Abuse

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## Recommended Citation

Green, Finn (2002) "Adolescent Substance Use and Abuse," *Kaleidoscope*: Vol. 1, Article 8.  
Available at: <https://uknowledge.uky.edu/kaleidoscope/vol1/iss1/8>

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A U T H O R

## Finn Green



Mears Green

I am a non-traditional student, an English major, and a Gaines Fellow. I expect to graduate in December, 2002, and hope to attend law school. This is an excerpt from my Gaines Seminar in the Humanities Senior Thesis. Some of you who read my thesis, which portrays some part of my life's story and a great deal of my daughter Mears' life story, may question why a father would compose a document of this nature. After careful consideration, Mears and I determined two points. One: this is our story. And, two: we believe that by telling our story we might provide some hope, guidance, and light to kids and their families who travel the same path.



**Mentor:**  
**John Greenway,**  
**Associate Professor,**  
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The narratives of Finn and Mears Green, when juxtaposed with that of Jessica Couch, give voices to the statistics and realities of alcohol addiction. Readers can find the academic research in the full, online version of Finn's Gaines Thesis, which I helped advise. In this condensation, we have distilled from the formal research one voice of despair as it evolved into hope. My wife and I went with Finn to Kids Helping Kids one Friday evening and heard other voices, not just those of the young, but — as you read here — the voices of the families trying to regain contact through the chill vapor of addiction.

Having worked for ten years with alcoholics seeking recovery, I know the power of the disease and the fragility of recovery. There are other models for recovery, some without the spiritual basis of Alcoholics Anonymous, some existing on Jessica's individual "very small ledge" without the community you see in Finn's narrative of Mears. Some researchers, perhaps correctly, question the disease concept of addiction; one alcoholic I know, however, drank all the way through her chemotherapy, later saying that alcoholism ran deeper in her than did cancer. Finn's research and narrative end on a note of hope, but this hope does not imply a promise. I can only wish all of them well, one day at a time.

## Adolescent Substance Use and Abuse

### INTRODUCTION

Many children are walking on thin ice, drowning, sinking, and becoming quiet. Drugs and alcohol can take in our most precious and valuable resource; a subtle foe stalks our children. Children and young adults are not renewable resources. Each child, each life is special and meaningful, yet sometimes children vanish in the icy, dark water. Thin ice easily fools children, leading some to death. Drug and alcohol usage fools children, leading many to early graves. Some people may say that talk of early death and the grave borders on being scare tactics; they are correct. People need to be scared — they need to know that drugs and alcohol kill our children.

Drug addiction and alcoholism are chronic diseases that affect not only the individual sufferer but also the lives of all those they touch. I have a personal involvement with this reality. In the beginning of my freshman year at the University of Kentucky, my daughter Mears, then fifteen years old, broke her three-year partial silence with me: "I can't stop drinking when I start drinking. I need help." Finding the help that Mears requested became my primary focus. We did not seek out this reality; the reality found us and it constantly searches for sufferers. Mears' behavior for the previous two years did not appear normal or healthy. She had changed friends, become silent, distant, non-cooperative, unloving, and apathetic about school and life in general, and acted as if she hated me.

Mears had been harmed by my behavior. As an irresponsible parent, I had given her many reasons not to trust me. Trust is an essential element in relationships. Relationships and lives suffer when the failure of trust is present. Her mother and I had been divorced for almost ten years. At the time when Mears broke her silence, I had been

sober for six and a half years. My network of friends consisted of individuals who had similar life experiences to mine. Ann — a licensed clinical social worker, my counselor, and friend — knew where we could find help for Mears: Kids Helping Kids.

Kids Helping Kids (KHK) saved Mears from impending doom and possibly death, changing our lives forever. KHK is a long-term adolescent alcohol and drug rehabilitation program that also treats the adolescents' family members. The first Friday night that I went to KHK, a man introduced himself to me, looked me in the eyes, and said that "Kids Helping Kids will give your daughter her life back." An hour later, I learned that he and his family had sold their home in Georgia and moved to Ohio so that they could participate with his daughter in the KHK program. Shortly thereafter, I made a decision to do all that I could to help other families who face the same devastating situation. My senior thesis for the Gaines Seminar in the Humanities is an effort to support this decision.

My complete thesis, which can be accessed at < [www.uky.edu/OtherOrgs/GainesCenter/](http://www.uky.edu/OtherOrgs/GainesCenter/) >, contains an extensive review of the relevant literature plus a history of KHK, an expanded version of the narrative, and the transcripts of all of my interviews with Mears. Here, I will present only an abridged version of my narrative of Mears and me. I give a voice to Mears' life story. This voice takes the form of a qualitative narrative in the style of interpretive biography. This mode of expression, though difficult, enables the espousal of essential truths about being human; few matters are more important. I believe that you will find Mears' story worth telling and hearing. "The story tells us in a meaningful way what life itself is about ... life has an implicit meaning, which is made explicit in stories" (Josselson and Lieblich, 5, 6). I hold to the hope that our collective voice will both be heard and be helpful.

## **ADDICTION**

Addiction is an actual illness. When we see somebody with a physical impairment we have compassion and some tolerance for what they have to go through. When we have a person who has a physical abnormality that's hidden away in the brain, we jump to judgement very quickly. People say 'Why can't they control their

use of drugs?' They don't realize that there's actually something organically wrong. There's no doubt that addiction is a treatable and preventable illness.

-Dr. Darryl Inaba, *Uppers, Downers, All Arounders*, 2000

The terms "substances" or "drugs" can include alcohol, marijuana, cocaine, heroin, inhalants, and numerous other illicit drugs including prescription drugs improperly obtained or used. Adolescent substance use (ASU) exists as a continuum of behavior. The spectrum of behavior begins with experimentation and sporadic use that may lead to a chronic, severe dependence with life-threatening consequences increasing as the progression continues. The progression of substance abuse from the heightened potential for use to dependence can be described by five stages. Particular behavioral signs and manifestations can be recognized in each stage.

### **Stage 0: Preabuse or Curiosity Stage**

Stage 0 describes the adolescent with an increased potential for substance abuse. This increased potential for substance abuse stems from the combination of genetic susceptibility, personality traits, family influence, and environmental factors.

### **Stage 1: Experimental Stage (Learning the Euphoria)**

Adolescents in stage 1 have already made a decision to "try" drugs and begun learning the drug induced mood swing or euphoria. Drugs most commonly used at this stage are tobacco, alcohol, and marijuana, the so-called gateway drugs. Stage 1 drug use is confined to social situations, on weekends, in the company of others, and when others supply the drugs. There are few behavioral changes other than "avoidance lying" as interest in peer pressure from the drug-using world comes into conflict with the values and beliefs of the nondrug world. (Muramoto & Leshan, 144)

Some systematic research indicates that "the majority of adolescents who use substances do not progress to abuse or dependence" (Weinberg et al., 253). Additional research indicates that "much of the alcohol and other drug use in high schools is experimental, social, or habitual with bouts of abuse" (Cohen & Inaba, 327).

Advancement into stage 2 and stage 3 represents

what professionals commonly define as adolescent substance use disorder (ASUD). ASUD “appears more related to biological and psychological processes” than does ASU (Weinberg et al., 254). ASUDs commonly co-occur with multiple diagnostic disorders including psychiatric disorders such as conduct disorder (CD), attention-deficit-hyperactivity disorder (ADHD), affective disorders, and anxiety disorders. The severity of the ASUDs may be impacted by these multiple diagnostic disorders. ASUD commonly applies to “persons consuming five or more drinks on each of five or more occasions in the past thirty days” (Weinberg et al., 254). ASUD can be defined as:

### **Stage 2: Early Regular Use (Seeking the Euphoria)**

The adolescent now actively seeks the drug-induced mood swing. Use is no longer confined to a social context but is increasingly situational, as the adolescent seeks relief from everyday stress. Use is more frequent and sometimes solitary, regular on weekends, and occasionally weekdays. The stage 2 user no longer relies on drugs offered by others but now has his or her own supply. The range of drugs used expands to include stimulants, sedatives, and inhalants in addition to alcohol, tobacco, and marijuana. . . Signs include changes in dress, decline in personal hygiene, deterioration in school performance, loss of previous interest in extra curricular activities, and less interest in “straight” friends. The stage 2 adolescent exhibits more mood swings, engages in regular lying and “conning” as she or he increasingly leads a dual life between the mores and values of family, society, and the drug world.

### **Stage 3: Late Regular Use (Preoccupation With the Euphoria)**

“Getting high” becomes the main goal of the stage 3 adolescent’s life, and daily activities are planned around opportunities to use. The user experiences “down times,” with marked dysphoria or withdrawal symptoms when not using. The adolescent may begin to question his or her control over drugs, experiences depression, and may even contemplate suicide. With the increasing frequency of use, the irritability, apathy, guilt, shame, and anxiety worsen, leading to more drug use, often with more powerful agents, to control these unpleasant feelings. The “harder” drugs are used daily, frequently alone as

well as with others. Behavioral problems and family conflicts worsen as the adolescent lies, fails in school, or has legal problems resulting from the cost of maintaining a drug habit. There is growing retreat into the drug-using world, drug-seeking behavior is obvious, and self-destructive and risk-taking behaviors, including overdosing increase. (Muramoto & Leshan, 144-146)

Progressing from stage 3, heightened ASUD, into stage 4, dependence, oftentimes can be identified by patterns of use; in contrast, many studies designed for adult diagnosis rely on symptoms of withdrawal to identify dependence.

### **Stage 4: End Stage or “Burn Out”**

The stage 4 adolescent now needs drugs just to feel normal and to avoid the profound and nearly constant dysphoria. Depression, guilt, shame, and other remorse may be overwhelming, and suicidal ideation becomes more common. The user turns to more potent agents, using them in larger amounts. Drug use is nearly constant, as the user becomes less selective, using any and all drugs available, and obtaining them by whatever means necessary. Increasing physical and mental deterioration becomes obvious. The user often drops out of school and engages in more risk-taking and self-destructive behaviors. Family relations are severely disrupted, and the user may have been expelled from the home. Paranoia, angry outbursts, and aggression are common. Overdosing occurs more regularly, in addition to blackouts, amnesia, and flashbacks. Physical symptoms such as cough, fatigue, malaise, and problems related to malnutrition become chronic. (Muramoto & Leshan, 144-146)

During the past thirty years unlawful drug use by American adolescents has changed from an “extremely deviant phenomenon to an epidemic situation” (Segal et al., 194). Unfortunately, ASU can lead to disastrous consequences, critical accidents, disability, and even death. In fact, drug and alcohol related accidents are the leading cause of disability in adolescents (Muramoto & Leshan, 141). For example, the County Coroner reported that over seventy children and young adults, under twenty-one years of age, died in Fayette County during the 1990s due to drug and alcohol usage.

The annual national negative economic impact attributable to ASU and ASUD is estimated at more than 58 billion dollars (including \$36 billion in violent crime and \$18 billion in traffic accidents) (Cohen & Inaba, 328).

Many professionals consider alcoholism to be a family disease. “Familial predisposition to alcoholism has been firmly established. Children of alcoholics run a four times higher risk of alcohol abuse than children of non-alcoholic parents” (Segal & Stewart, 199). These children still have a higher likelihood of becoming substance dependent even when adopted by non-alcoholic parents. Although genetic disposition is postulated, so far no single gene has been identified or is thought to account for the tendencies toward ASUD.

## KIDS HELPING KIDS

... like their motto, 'If your kid is lost, then one of our kids will find them.' That's what they say and that's what happens. That's Kids Helping Kids. It's not like diplomas helping kids, or some clinical woman. I mean they play a big part, like Michelle played a big part in my program and in my treatment but if she would've been the only person I would have dealt with, I wouldn't have been sober still — I wouldn't have made it.

-Mears Green, March 2002

Kids Helping Kids (KHK), located in Milford, Ohio, is a unique, long-term, day treatment, multi-modality, adolescent drug and alcohol rehabilitation program. Several factors contribute to KHK's uniqueness. It's not called Kids Helping Kids by accident. New adolescent clients, or "newcomers," are immediately placed under the guidance of program peers who have progressed to a point of earning the responsibility of helping others. KHK also employs their own program graduates, or "seventh-steppers," as Staff Counselors whose responsibility is to help current KHK clients through rehabilitation. KHK administers a hybrid treatment that synthesizes the family-based and multi-systemic, behavioral therapy, cognitive-behavioral therapy, and twelve-step intervention modalities. Parents and families are involved in many aspects of treatment, including the provision of nighttime housing for the adolescent clients.

KHK is for kids between the ages of thirteen and twenty-one. KHK's philosophy supports a belief that

chemical dependency is a disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. We further believe that, with adolescents, chemical abuse is characterized by developmental arrest or deterioration which may be viewed in stages with characteristic physical, psychological, and social symptoms. As a result of chemical abuse, the adolescent may experience inadequacies of personality, impairment of cognitive functioning, diminished motivation, interpersonal and social conflicts, emotional blocking and regression, and causal disregard for behavior consequences. ([www.kidshelpingkids.com](http://www.kidshelpingkids.com))

KHK helps adolescents to learn how to apply a set of principles that will better enable them to manage their behavioral and emotional responses to life's situations. A KHK goal is to return the adolescent client "to a healthy productive lifestyle."

I doubt that many kids, if any, wake up, or come to, one morning and say, "I want to go to a long-term drug rehab." For example, in our situation, that's not what Mears did. She only asked for help ("only" implies no shortcoming on her part, whatsoever). Furthermore, she told me later that if she had known that "KHK was the kind of help you were going to get me, I wouldn't have asked." The pattern of Mears' sad and destructive behavior had been increasing in both regularity and severity for some time. Making the decision to send Mears to KHK did not come easy. My first visit to KHK had occurred eighteen months prior to the time when her mother Cere and I took Mears there in February 1999.

In the fall of 1997, the KHK Program and Admissions Directors personally interviewed me to discuss the nature of the problem. Although they did briefly describe KHK's program, they focused on the problem, not on treatment. I began both to see and to accept certain things while I verbalized my perception of the problem to them. I accepted then that Mears, who was not quite fourteen, had definitely been using alcohol and drugs. I also accepted that my previous behavior had been an example for Mears, not a good or responsible example either. For several years, Mears had watched me either trying to force solutions to problems or to altogether avoid life situations by drinking alcohol. I accepted that I needed help being a responsible parent. They helped me to ascertain the nature of the problem and to realize that potentially I could be a part of both the problem and the solution. Mears, her mother, and I were floating in ice-laden water. As I left, the Director said, "I'll see you later." He could not have been more correct, thankfully.

The next time I contacted KHK, I spoke to the Admissions Director on the telephone and we made arrangements for Mears' admission to KHK. She remembered my previous visit to KHK and said we could bring Mears there anytime. Cere and I planned to take her to KHK the next morning, unbeknownst to

Mears. Although I knew that we were being loving, responsible parents, I experienced a great deal of emotional pain and mental confusion with this decision and admissions process. When we arrived at KHK, two kids took Mears off to our right behind a set of doors and the Admissions Director led Cere and me into a nearby room. She explained that

Mears is on the other side of this wall with four kids from the program and she, by now, has probably figured out a few things. The other kids will have told her that they have been here for ten months, seven months, fourteen months, and eleven months and are here because of drug and alcohol abuse. Mears will be given the choice of telling you good-bye with the condition of being cordial, or not telling you good-bye.

I understood what she told us earlier about it being Mears' choice to tell us good-bye only when one of the kids on the other side of the wall came into the room and said, "Mears wants to say good-bye." I had never been glad to say good-bye to Mears; in an odd way, a sense of relief engulfed me. She remained seated when her mother and I walked into the room. Cere told her "I love you Sweet-Pea" and Mears responded, "I know that." The three of us were crying. Glancing at me, Mears said, "Toodles" and I leaned over and held her face in my hands and kissed the top of her head. After a moment, Mears slightly recoiled. I let her go and left the room. By leaving Mears there, her mother and I had become parents of a KHK first-phase newcomer client.

There are six phases that KHK adolescent clients and family members participate in, if that client completes the program. Kids must satisfy specific requirements of each phase prior to advancing to a subsequent phase. KHK also requires that the adolescent client spend a minimum number of days in each phase.

First phase newcomer clients have few, if any privileges. Some privileges that are immediately removed are speaking without being spoken to, independently moving about, speaking to family members, wearing certain clothes, going home, going to school, talking on the telephone, listening to music, and watching television. KHK also teaches that being responsible is a privilege; for example, first-phase kids must *earn* the privilege of helping to clean the facility. These

privileges are bestowed or restored based on the individual's behavior, compliance with KHK rules, and consequent advancement through the phases. First phase kids spend ten and one-half hours per day focused on and participating in their treatment program.

Kids continually introspectively examine and discuss their history of alcohol and substance use with clinicians, peer counselors, and oldcomers prior to earning privileges like talk-time. "Talk-time," a first-phase privilege, is a fifteen-minute monitored conversation with their parents or guardians that takes place after open meetings on Friday nights. Kids generally experience two or three talk-times, at a minimum, prior to advancing to the second phase. Second phase clients have earned the privilege of going home on the weekends with their family. Third phase clients return to school, taking classes at schools in Milford, and may work part-time for businesses in Milford. Fourth phase clients may talk on the phone, listen to music, watch television, and are gradually re-integrated into their home communities. Fifth phase clients have all privileges restored, even driving and visiting friends without being in the presence of parents or guardians. If a kid fails to comply with certain KHK guidelines, he or she may be either not allowed to advance through the phases or may in fact be "set-back" to first phase.

Parents, guardians, and family members attend two separate meetings held on Friday nights. Group meetings last ninety minutes and are held prior to the Open Meetings that may last several hours. Monday night meetings are offered for siblings.

I have both a clear memory of and notes about our first KHK Open Meeting on February 26, 1999. The kids were in place as the parents filed into the room and found their seats. That night there were fewer than twenty girl and close to thirty boy clients. KHK personnel introduced themselves, then monitored and led the meeting. Next, each newcomer kid stood and introduced him or herself. When someone handed Mears the microphone she stood and said,

I'm Mears Green and I'm sixteen years old. I've been here for three days. My drug list is alcohol, marijuana, cocaine, and mushrooms. I've used for three years. I've learned the first five steps, and my goal is to learn them all. A time from my past is Christmas and I went to my Grandmother's high on cocaine and had been drinking ... just so I could be with my family. I was in the bathroom that night swallowing down pills with alcohol. I'm really ashamed of that.

Mears sat and wept. I wept also, knowing we had done the right thing. I lived this couplet numerous times. After all of the newcomer kids and one boy and one girl oldcomer finished their introductions, the monitor asked if there were any phase changes. Kids who had phase changes shouted them out, one by one, "Third Phase," "Third Phase," "Fifth Phase" and so on. At that time, I didn't realize what those announcements meant.

KHK stresses that parents should verbally express their feelings and avoid lecturing their child at all. After the kids announced their phase changes, the parents and family members spoke beginning that night, as every Friday, with the parents of first phase kids. Mears stood when Cere and I stood. Mears wept. We all wept. Mears said, "I love you Mom, I love you Dad." We all sat down and the kids chorused, "We love you Mears." We continued to weep. We didn't spend any time alone that night with Mears. At the end of the meeting, Mears and the other newcomers were led out of the room by oldcomers who held onto the belt-loop of the newcomer.

### ONE GIRL'S STORY

I've lost a lot of friends to drugs and alcohol. Two friends of mine shot themselves. One friend of mine died in a drunk driving accident and the driver was his best friend, and he's sitting in jail right now for manslaughter. And I don't, I don't want to be in the newspapers for something like that. I don't want to be remembered for that. Even if I'm not remembered for anything spectacular, I definitely don't want it to be because of that.

-Mears Green, February 2002

Mears descended rapidly through the five stages of ASU over a period of about four years. In the complete version of my thesis, I describe her descent in some of its horrible detail. Here, I will tell of her treatment and the changes it has wrought.

Mears' first epiphany, as it relates to alcohol and drugs in her life, occurred when she instinctually realized that alcohol could fill her inner emptiness, the hole inside of her, only temporarily. Her second epiphany may well have been her acute awareness of what cocaine did to her. If not then, Mears definitely experienced another epiphany just after her sixteenth birthday. Until that moment, she did not know that drugs and alcohol were slowly and surely taking her life from her.

Mears had a party at her Mom's house for Valentine's Day and drank so much that she passed out in the bathtub. When Cere came back to a wrecked home she went to bed, woke up the next morning, and waited for Mears to wake up. When approached by her Mom, Mears denied everything — even the undeniable evidence. Her Mom told her that she

"couldn't stand to look" at her anymore and left the house. People had been leaving throughout Mears' life. To begin with, during her fifth year, Mears' nuclear family life ended in divorce, then I left, then her boy-friends left, then her best friend left, and now her Mom left. The combination of the loneliness, fear of abandonment, need for drugs to feel normal and to avoid dysphoria, and the severity of problems continuing to increase combined to push Mears to the jumping off place. She remembers

sitting in the living room trying to clean the carpet and I just started crying. And I, I threw my arms out in the air and said, 'I can't do this anymore. I don't want to do this anymore.'

This cry for help proved to be the action that turned Mears life. She reached out through her painful dread and asked for help.

Mears wrote her Mom a letter, telling her everything.

I hate the person that I am. I can't stand to look at myself in the mirror anymore because I've become the person that I hate. I've become ... I am a monster. I've become something that I never, ever wanted to be.

Mears might have seen what she had become or may well have seen her parents in the mirror. Thankfully, she avoided physical death, although, a self-destructive part of Mears died that day. Her pain carried her to a new life.

Ten days later we admitted Mears into Kids Helping Kids. Initially, she felt mainly fear and anger while being without alcohol, without drugs, without boy-friends, without friends, and without a home. Mears' fear motivated her, she recalls,

I was scared. I was scared that if I didn't, if I didn't get better, that my parents wouldn't want me anymore. I was mad at my parents because they put me in here. I felt that this place was too much. I was scared what would happen if I didn't follow the rules here. So, I did everything that they told me to do.

It breaks my heart to think that Mears felt and or believed that we wouldn't want her anymore. The thought crushes me and reminds me of how I felt during parts of my life, particularly how I felt unwanted

by my Dad. Drugs and alcohol helped me to suppress those feelings and thoughts. I learned how not to feel. After I started getting sober I told a friend of mine that “I couldn’t get in touch with my feelings.” He replied, “You keep not drinking and your feelings will get in touch with you.” He could not have been more correct. Mears’ feelings wasted no time in getting in touch with her, either. She had been without drugs and alcohol for ten days when she arrived at KHK. For the first three days in treatment, she cried constantly.

It is natural for children to love their parents. It is also natural for children to be deeply hurt by either one of their parent’s behaviors, especially if the parent continually fails to properly love his or her child. As I have said, during a vital time of Mears’ life I failed to provide her with the assuredness that can only come from a loving, responsible parent. Mears remembers that she “hadn’t wanted to see or talk to my Dad in like five years and, uh, he was the only person that I wanted to see or talk to for the first night” at KHK. The absence of alcohol and drugs allowed Mears to feel the pain and anger that she did not want to experience. Children do not want to feel the pain that springs from the absence of a parent. Some people live their entire lives trying to avoid this pain.

Although Mears hated me, she had realized only during the year before KHK that she could rely on me. KHK requires that Second Phase Kids write letters to their parents. In her letter to me dated May 1<sup>st</sup> 1999, Mears wrote that she didn’t

understand how or why you continued to show me the care and support you did despite the way I was treating you and everyone else. Oftentimes I feel undeserving of that love. Its hard for me to believe that I acted the way I did and you were still there for me, though I obviously did not want you there.

It is now clear to me that you saved my life by putting me in here, and I am forever grateful for that. I know that I would have never been able to say these things to you had you not cared enough to get me help.

Let me make it clear, I did nothing more than a loving parent should do. At the time, my actions only appeared to mean so much to Mears because she has

known me as an unreliable person. Her feeling “undeserving” of love stemmed from my inability to provide love and security. I needed help in becoming the father that Mears deserves.

Mears knows that she needed help too. She needed help sorting out her life. She needed help from someone who really understood. She needed help from someone who had been where she recently came from. She needed help from someone who had escaped the hell that she had been living in. She needed help from someone in rehab. According to Mears, without a doubt, the most beneficial help for her came from other kids. The other kids encouraged and helped her to live in reality.

After being at KHK for eighteen days, Mears earned talk-time with Cere and me after Open Meeting. She and her peer counselor, or old-comer, Bethany, peeked around the corner at Cere and me. Mears looked like the child that I remember from years past — excited, bright-eyed, and with a huge smile. Mears and Cere hugged. Then Mears and I hugged each other for the first time in five years. Bethany kept a loving hand on Mears while we hugged. We all cried. We sat in a tight circle and Mears made amends to Cere and me for the wrongs that she had committed before treatment. She cried “those big hiccup cries when you can’t really breathe.” Bethany kept notes as Mears poured herself out. Mears told me that her pride had blocked her love for me and that she had made a decision to hate me four years ago. The fifteen minutes passed like a second. We hugged and cried more. Bethany held Mears’ belt-loop as they left the room. Mears completed her amends to Cere and me the next Friday night. Bethany never left Mears’ side.

The next time the four of us sat down, Mears explained that for the last two weeks she had been making amends, but now she would tell us what her resentments towards us are, beginning with, “I’m mad and really hurt.” She looked directly into my eyes, never missing a beat, and described my previous behavior and actions. With tears moving down her cheeks, she explained that I had left her, and she did not know what to do. I agreed with every word she spoke. I told Mears that I made a choice in early sobriety, a terrible mistake, and that I had wronged her. We held each other and cried. Bethany lovingly kept her hand on Mears. Mears continued this healing process with Cere. Although, these visits were only fifteen minutes in length, Mears’ desire and ability to honestly express her thoughts and feelings began to heal her past, changing her life and ours.

Mears worked extremely hard to prepare for these visits. She wrote moral inventories (MIs) every day during treatment. While a first-phase newcomer, Mears shared her daily MIs every night with an old-comer. This process resulted in at least two general benefits. First, Mears and the old-comer related to each other establishing a bond of trust, and second, Mears began to look directly at some realities in

her life. Mears recalls that

there were some Moral Inventories where I did really get a lot out of what I wrote about because I had to look at what I did. You have to put 'em through the steps. Like you look at your defects and you look at who you hurt and you look at how you felt when all this happened. It puts you back in time.

Mears learned the skill of introspection by continually working KHK's adaptation for kids of the 12 steps. Mears realizes that her sober perspective of past events provides a different view.

On her 52<sup>nd</sup> day of treatment Mears went home.

I was allowed to go home on the weekends. I was supposed to build a relationship with my parents. At this point the people, the counselors, and the staff at KHK thought that I was ready to go home. They thought that I had worked on my drug problems enough at that point and they were ready to send me home so I could start working on other things. Looking back I don't know if I was ready.

At the time, to me, she seemed ready. Mears makes this statement in hindsight. She continues to evaluate her past. Her introspection continues to bear fruit. Mears explains that at the time she did not feel afraid of anything, "I was just happy to be home." She now realizes that as she progressed through the phases the more she feared that she would be set back to first phase. She never got set back, because she did everything, for the most part, required of her. Mears reflects that,

A lot of the things I did were out of fear. I was afraid that I was going to get in trouble and not be able to talk to my parents. So, I was afraid that I was going to get into trouble and my parents were going to be disappointed in me . . . I thought that I was getting sober and working the program because I wanted to. Part of that was true, but part of it, I was working it for my parents because I didn't want to disappoint them because I had been disappointing them, I thought, I'd been disappointing them my whole life.

Some of Mears' anxieties were byproducts of a need to please Cere and me. These anxieties did not begin after Mears started KHK. These anxieties had burdened Mears for some time. Our individual ex-

pectations, or our combined expectations of Mears added unnecessary stresses to Mears which, in turn, manifested themselves in Mears as anxieties. Mears may well have used alcohol and drugs in an effort to tune out these persistent menaces.

Miraculously, during treatment, Mears realized that her part of these anxieties belongs to her, and that Cere's part belongs to Cere, and that my part belongs to me. I say miraculously; however, these changes occur frequently when, for whatever reasons, individuals give themselves to the KHK program model as Mears did. Ideally, individuals realize, as Mears did, that, in order for treatment to really work, they must want to recover for themselves, not for their boyfriend or girlfriend, not for their parents. Mears states that,

It didn't start to be about me until I was almost graduated. I remember a couple of times talking in group when I realized that I just can't go back to the way I used to be. I remember one time, just as I was getting ready to graduate, it might be the week that I graduated, and I was up in group and I started crying about how I didn't want to go back to the way that I was. And I couldn't go back to the way that I was. I was afraid that I was going to die. I'll never forget that.

Mears' painful past fortunately helped to produce the willingness to work the KHK program model. Mears looked at her part in desiring to live a new sober life for herself.

I wanted to be something different. I wanted to be something better. I wanted to be proud of myself. I wanted my parents to be proud of me. I wanted to have friends. I didn't want to feel miserable all the time. I wanted for the first time, you know, since I was like five to be happy. And I thought that the only way I could do that was if I did this program. And so, I did it as best as I could.

That's a blessing of tremendous proportion. Until Mears worked the Kids Helping Kids program model, she had been without the desire for happiness since she was five years old.

Mears recognizes the completion of her six-month aftercare program as a tremendous accomplishment. During her follow-up, she told me that "This is the most important part of my rehab." She realized that,

while she participated in the KHK model as an in-treatment client, her choices were limited. To propose a strong and possibly false dichotomy: you either do the program, or you don't get out. Mears discerned that the aftercare program allowed for more freedom with her personal choices. There were still requirements during follow-up, and Mears could choose not to abide by them and consequently be penalized, but the impetus became what she *wanted* to do — not what she *needed* to do.

Mears' inspirational aftercare performance found its beginnings in her desire to abide by the conditions of the detailed contract that she, her Mom and I drafted during her Fifth Phase. If Mears violated any contract conditions during her aftercare, the violations were benign. Her inspiration derived more from pursuing the contract's positive aspects, not from avoiding the contract's negative consequences. For example, back then, if given the chance, Mears could sleep quite late in the mornings, but she sacrificed that option so that she could be at KHK aftercare on time every Saturday. She went to a Twelve Step meeting every day for six months and she worked closely with a sponsor. A sponsor is an individual who, like an old-comer or peer counselor at KHK, helps other people with working the steps of recovery. Mears remembers that during her follow-up she realized that she "wanted to work at KHK, to be a counselor at KHK."

Mears lived with KHK graduates and their families, in Ohio and Northern Kentucky, the summer of 2000, before her senior year in high school, so that she could work at KHK as a junior staff counselor. KHK graduates may continue escalating through certain conditions and become junior or senior paraprofessionals, or accredited employees. Mears completed the conditions as a KHK junior staff counselor that summer. Her rewards were great. She became cognizant of her love to help other kids. That fall she moved back home to Lexington to begin her senior year at the same high school she attended before going to KHK.

Mears cannot remember, but she thinks that at about the start of that school year

things started to get a little shaky. My boyfriend and I were having problems. Dad and I started having problems. We couldn't, we weren't talking to each other,

or I wasn't talking to him. My Mom was having some problems. She wasn't talking to me. I was starting not to go to school.

Understandably, not unlike many people, including myself, the condition of the relationships with significant others is of vital importance to Mears. However, in recovery, Mears' tendency has changed.

I'm not in bad relationships anymore. I don't wait around for some guy. Um, I don't ... I get lonely, but it's not the same kind of lonely. It's not the do all end all, I'm going to die, kind of lonely.

Problems in relationships are unavoidable, but she no longer allows problems in relationships the power to dictate her entire life.

During this same period, Mears began having doubts as to whether or not she had alcoholism. She recalls that she would go to meetings and say

I don't know if I'm an alcoholic. I don't know if what I was doing was just normal. And people told me that I needed to go out and try some controlled drinking and that really pissed me off ... So I quit going to meetings. I quit listening to them.

It is common for people in recovery to question their condition. Some people may opt for drinking or using drugs in an effort to answer their question. Mears came frightfully close to drinking; but through an effort to help another fellow sufferer she realized that she did not need to drink or want to drink. She realized that many consequences would accompany the drink and one of them would be "not being able to come up and work at KHK, and that's what I really wanted to do." And that's what Mears did.

Two days after graduating from high school (no small feat by the way), Mears and her excitable puppy moved into an apartment, by themselves, in Cincinnati, Ohio. The following Tuesday, she started working at KHK.

It was good to be working with people and helping people and doing what I loved to do and doing it for the place that saved my life. 'Cause Kids Helping Kids saved my life. If I hadn't gone through that program, I don't know where I would be right now. I don't know if I'd be dead yet. But, uh, at the rate I was going, it wasn't far off.

Mears became a senior paraprofessional at KHK in the summer of 2001. As a peer counselor to kids whose lives have been devastated by alcohol and drugs, Mears reaped a bitter yet abundantly sweet harvest. Mears gave her heart back to the process that both saved and changed her life.

That summer, Mears faced difficult challenges and remained sober and clean. She realized that working full-time at KHK did not allow her sufficient time to care for her puppy. Sadly, she made the tough decision to give her puppy to someone else who had enough time to care for him. Several times before she had experienced the loss of pets and puppies,

but never as a result of her choosing. In addition, Mears noticed that she began losing what eventually amounted to almost twenty percent of her body weight. Fear accompanied Mears during the diagnostic period but it did not cripple her. After extensive tests, over a six-week period, doctors diagnosed Mears with Graves Disease, her second rare, chronic and treatable disease. She struggled to understand, "Why Me?" In the meantime, she continued to perform her work responsibilities and to take care of herself properly. Eventually, Mears realized that, in all likelihood, had she not been sober she might have learned about her Graves Disease only after it had caused irreparable damage. She matched calamity by soberly struggling with reality, and she now accepts the hand dealt to her.

In December 2001, I approached Mears with a request that she consider telling the story of what her life was like, what happened, and what her life is like now. After deliberating for several weeks, she agreed. On February 12<sup>th</sup> 2002 Mears celebrated her third year of sobriety. On March 27<sup>th</sup>, after our final interview for this effort, as I left her apartment, she asked,

"Daddy, how high did you use to push me in the swing?"

I remembered the last time I pushed Mears in the swing. That happened in the fall of 1988, during her fifth year, right before her Mom and I separated. After reflecting, I said, "Probably ten maybe twelve feet, Honey."

With a wonderfully bright countenance, she said, "I thought I could touch the sky."

Then we hugged and kissed each other, both saying, "I love you."

Mears has taken full advantage of her opportunity, her chance for a new life. On March 29<sup>th</sup> 2002, she worked her last day as a senior paraprofessional peer counselor at Kids Helping Kids. Within weeks, she independently secured a job as a bank teller. Mears soberly walks through her life, once again reaching for the sky, but we both know that sobriety is an every-day battle that can be lost in an instant.

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