

Addiction in Adolescence: Resilience, Interventions, and Spirituality

Davina Schoulten

School of School Counseling, Liberty University

Author Note

Davina Schoulten

I have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Davina Schoulten

Email: dschoulten@liberty.edu

Addiction in Adolescence: Resilience, Interventions, and Spirituality

The definition of an addiction is a recurrent failure to control one's own behavior, which leads to an individual continuing pathological behavior despite significant negative consequences (Cote et al., 2013). Research has been initiated on addiction in adolescence, pertinent interventions, adolescent resilience, as well as how spiritual development plays a role in addiction during adolescence. Substance abuse during adolescence is not limited to locales within our country. It affects adolescents across the globe, including northern Utah.

Addiction and Intervention Research

Early and late adolescence are formidable years. During this time, individuals are changing physically, cognitively, socially, and emotionally. Adolescence is a highly vulnerable period for the onset of psychiatric disorders and substance use disorders (Tschetter et al., 2022). Research has shown that substance use disorders affect approximately 10-12% of the adolescent population (Merikangas et al., 2010, as cited in Tschetter et al., 2021). Notable statistics include a 61% increase in drug use among eighth graders between 2016 and 2020 and 62% of teenagers in twelfth grade have abused alcohol (National Center for Drug Abuse Statistics, 2022). Many factors can lead to addiction among adolescents, including various life stressors, cognitive development, parental support, and peer influence. However, there are preventative interventions that can be applied to reduce these addictions. For instance, increasing students' knowledge of the risks involved with the misuse of alcohol and marijuana could improve their chances of making more informed choices (Parks et al., 2012, as cited in Wong, et al., 2021). Adolescent intervention programs like D.A.R.E. (Drug Abuse Resistance Education), that focus on decision making and resistance skills, have shown significant effects on preventative factors (Day et al., 2017).

Resilience and Spiritual Development

Life stressors can lead to various addictions, but adolescents that exhibit resilience are able to adapt to these stressors and maintain their own well-being. Resilience is about recovery and positive adaptation after a setback (Smith et al., 2015). Having a sense of purposeful living and the ability to attach positive meaning to suffering are important resiliency traits (Glen, 2014) and a pillar of religious spirituality. Referring to the bible, in Rom 8:18 it states, “For I reckon that the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us” (*King James Bible*, 1769/2017). This not only reminds us of our purpose, but that our suffering is not in vain.

Adolescent Substance Abuse News Coverage in Northern Utah

Statistics show 5.98% of 12- to 17-year-olds in Utah use drugs (National Center for Drug Abuse Statistics, 2022). A local news station reported that junior high students were solicited by a 30-year-old man to sell drugs (Fox 13 News, 2022). In other news, high school students visited the state Capitol to plead with teenagers to abstain from marijuana use (Imlay, 2022). This event launched a campaign referred to as “Gray Matter” to educate parents and offer resources on how marijuana affects developing brains. Although they haven’t seen a rise of marijuana use in Utah, they predict easy access may lead to a rise and are attempting to prevent it.

Conclusion

Substance abuse in adolescence is prevalent and often leads to addiction. Proper interventions, including education and support, may curb the percentage of adolescents with addictions. Resilient individuals tend to thrive and overcome their addictions, and increasing spiritual development is certainly a factor. Further study is needed to identify traits of resilient individuals and how counselors can utilize that data to support resiliency among adolescents.

References

- Cote, A.-L., Rolland, B. and Cottencin, O. (2013). 'Addiction' in adolescence: who is really losing control?. *Addiction*, 108(8): 1516-1517.
<https://doi-org.ezproxy.liberty.edu/10.1111/add.12230>
- Day L.E., Miller-Day M., Hecht M.L., & Fehmie D. (2017). Coming to the new D.A.R.E.: a preliminary test of the officer-taught elementary keepin' it REAL curriculum. *Addictive Behaviors*, 74, 67-73.
<https://doi.org/10.1016/j.addbeh.2017.05.025>
- Fox 13 News Utah. (2022, February 9). *Teen arrested, accused of using kids in Layton drug ring* [Video]. YouTube. <https://www.youtube.com/watch?v=V8xoLissNpA>
- Glenn, C.T. (2014). A bridge over troubled waters: spirituality and resilience with emerging adult childhood trauma survivors. *Journal of Spirituality in Mental Health*, 16(1), 37-50.
<https://doi.org/10.1080/19349637.2014.864543>
- Imlay, A. (2022, February 7). Utah teens warn of recreational marijuana use dangers. *KSL*.
<https://www.ksl.com/article/50350910/utah-teens-warn-of-recreational-marijuana-use-dangers->
- King James Bible*. (2017). King James Bible Online. <https://www.kingjamesbibleonline.org/>
(Original work published 1769)
- National Center for Drug Abuse Statistics. (2022). *Drug use among youth: Facts and statistics*.
<https://drugabusestatistics.org/teen-drug-use/>
- Smith, J., Ginger, C., & Hesketh, I. (2015). Developing understanding of the spiritual aspects to resilience. *International Journal of Public Leadership*, 11(1), 34-45.
<http://dx.doi.org/10.1108/IJPL-06-2014-0006>

Tschetter, Callahan, L., Flynn, S., Rahman, S., Beresford, T., & Ronan, P. (2021). Early life stress and susceptibility to addiction in adolescence. *Effects of Peri-Adolescent Licit and Illicit Drug Use on the Developing CNS*, 161, 277–302.

<https://doi.org/10.1016/bs.irn.2021.08.007>

Wong, D. W., Hall, K. R., & Hernandez, L. W. (2021). *Counseling individuals through the lifespan* (2nd ed.). Sage Publications.

Trauma, Development, and Resilience

Davina Schoulten

School of School Counseling, Liberty University

Author Note

Davina Schoulten

I have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Davina Schoulten, Liberty University, 1971 University Boulevard, Lynchburg, VA 24515, United States.

Email: dschoulten@liberty.edu

Trauma, Development, and Resilience

Trauma is an emotional response to an occurrence that is significantly distressing to an individual. Unfortunately, few people can escape these emotionally taxing situations. Knowing traumatic events affect a substantial number of people, one must consider how trauma affects development. In turn, what factors lead to developmental delays, and why do some people show more resiliency in the face of adversity than others? If possible, what can individuals do to counter the effects of trauma?

Trauma and its Effects

Trauma can affect development in a variety of ways and may even lead to developmental delays. Children who are abused, "...can suffer a multitude of behavioral and emotional struggles, including depression, anxiety, low self-esteem, substance abuse, eating disorders, and the repetition of the cycle of abuse" (Wong et al., 2021). Beyond childhood abuse, there are other factors, some preventable, that can lead to developmental delays. Depending on the severity of the trauma, there can be varying degrees of cognitive impairment, learning disabilities, impaired social skills, difficulty with attention and focus, and lack of executive functioning skills.

Factors Leading to Developmental Delays

Teachers come across children that simply make poor behavioral choices. Perhaps they were seeking attention or were coerced by a classmate. Yet, many come across children that react impulsively, seemingly to have made a poor behavioral choice, but, in fact, were driven to react in a manner that is inconsistent with societal norms and beyond their cognitive control. It begs the question, what causes these reactions, and how can professionals discern the difference between a conscious choice and a biological or trauma driven developmental delay? To better understand this, we need to understand how the brain functions. Emotional memories, even

negative ones, are transmitted through the amygdala to the orbital frontal cortex, "...a child may only have conscious control over their response to that memory if they have developed an adequate level of executive function. In severe cases, the stored emotional memory will be in response to a single incident that was so powerful it repeatedly disrupts normal interactions with others" (Barr, 2018). Understanding how children's psychosocial trauma and adverse childhood experiences affects the brain can help us identify whether these behaviors are chosen or a biological reaction.

Resilience and Counter Effects to Trauma

Children can also be highly resilient. Resiliency is the ability to thrive after adverse experiences, and according to literature, is thought to have three models, resilience as an immediate outcome, resilience as a trait, and resilience as a dynamic process (Happer, et al., 2017). Does culture play a role, or is it an innate ability that one has at birth regardless of ethnicity or genetics? These questions seem to lead back to the ever-prevailing nature versus nurture dichotomy, and often the answer includes both. According to research, "There is growing evidence that religious engagement is associated with better physical and psychological health" (Koenig, 2012). Leaning on Him and knowing He will not give you anything you cannot handle, is a formidable counter to trauma. Joshua 1:9 states, "Have not I commanded thee? Be strong and of a good courage; be not afraid, neither be thou dismayed; for the LORD thy God is with thee whithersoever thou goest" (King James Version, 1769/2017). Participation in religious and spiritual groups may help counter the effects of trauma as well as various therapies, including cognitive behavioral therapy and meditation. However, further research may still be needed to determine if resilient people are born (nature) or made (nurture) and how we can use that information to further promote resiliency.

References

- Barr, D. A. (2018). When trauma hinders learning. *The Phi Delta Kappan*, 99(6), 39-44.
<http://www.jstor.org/stable/44653420>
- Happer, K., Brown, E. J., & Komal, S. (2017). Children's resilience and trauma-specific cognitive behavioral therapy: comparing resilience as an outcome, a trait, and a process. *Child Abuse & Neglect*, 73, 30-41. <https://doi.org/10.1016/j.chiabu.2017.09.021>
- King James Bible. (2017). King James Bible Online. <https://www.kingjamesbibleonline.org/>
(Original work published 1769)
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*, <http://dx.doi.org.ezproxy.liberty.edu/10.5402/2012/278730>
- Wong, D. W., Hall, K. R., & Hernandez, L. W. (2021). *Counseling Individuals Through the Lifespan* (2nd ed.). Sage Publications.

Development Across the Lifespan: An Introspective Assessment

Davina Schoulten

School of School Counseling, Liberty University

Author Note

Davina Schoulten

I have no known conflict of interest to disclose.

Correspondence concerning this article should be addressed to Davina Schoulten

Email: dschoulten@liberty.edu

Development Across the Lifespan: An Introspective Assessment

Throughout this course we have learned about various psychoanalytic, behavioral, social, cognitive, sociocultural, biopsychosocial, and ecological theories of human development that can be applied to our lives. Development is inevitable, and we can recognize these theories throughout our own lifespan. As time progresses, we can look back at various stages and recognize where we have triumphed or struggled, when our spirituality began to emerge, and how internal and external variables have had an impact on us. Reflecting on my own life, I can appreciate how the love and care given to me by my family, unfortunate events, as well as growing into a more spiritual person, made me who I am today.

Infancy

I was born on June 13, 1975. My mother was 25, a high school graduate, and cleaned houses on occasion to make a few extra dollars when welfare and food stamps didn't make ends meet. My father, 25, also a high school graduate, washed cars at a local Toyota dealership. My mother considered her pregnancy with me pleasant and predicted delivery would be a breeze considering I wasn't breech, like my older sister's delivery three years prior. She is a former smoker, my father as well, and she began passing huge blood clots as she went into labor. When they arrived at the hospital, she was about five centimeters dilated when they inserted a probe to see if I was stressed. The probe cut the top of my head, and they announced that my mom had a condition called placenta previa. Placenta previa happens when the placenta is covering, or partially covering, the mother's cervix. It is considered a serious complication, has an increased risk of neonatal morbidity, and has shown a correlation with smoking (Nørgaard et al., 2012). The doctor told my mother she would need a blood transfusion. At the time we were Jehovah's Witnesses, and my parents adhered to the bible's teaching that states, "But flesh with the life

thereof, which is the blood thereof, shall ye not eat” (*King James Version*, 1769/2017, Genesis 9:4). They felt they would lose eternal salvation if they received blood from another. The doctor proceeded to tell my mother, “Die then!” and the nurse raised her hand to my mother as a nonverbal threat to keep her from pushing. I would conclude that my birth was less than pleasant, but as my mother puts it, “Luckily you were so beautiful and healthy!” (C. Pulliam, personal communication, March 22, 2022).

Toddlerhood and Preschool Years

Though financially times were hard, I was little, and money mattered much less than the stability at home I received. I went to preschool and gained social skills, but I was always shy. I was the child that would hide behind my mother and hated to interact with strangers, often even extended family. When my mom had to work, she left me with a babysitter, and I hated it. To this day, I’m not sure why I felt so apprehensive to attend that particular daycare, but my mother has commented that she remembers it was filthy and wishes she had listened to my instincts and placed me somewhere else. Beyond that, home was fabulous. My parents were relatively authoritative parents, my sister and I always knew our boundaries, and our home was safe and loving. I was a confident toddler and preschooler, so believe I resolved the autonomy versus shame and doubt and initiative versus guilt crises during this time.

Middle Childhood

Many notable events occurred during my middle childhood years. I began kindergarten and would walk to and from school with my sister. We were the typical “latchkey” kids from the 80s. Latchkey kids are the children who come home to an empty house while their parents are at work. Although statistics show there’s a correlation between latchkey kids and loneliness

(Mendonca et al., 2020), I think my sister and I were jovial children and well-adjusted. We were in the gifted program at school, were well-mannered, and rarely got into trouble.

A few years after starting elementary school, when I was seven, my sister, a neighbor friend, and I rode our bikes to our elementary school to play. It was after school hours, but many teachers were still there. Unfortunately, so was a man that was later arrested for multiple counts of child molestation and other charges. I was among the children that he preyed upon, in the school's boy's bathroom, the day we decided to ride our bikes to school to play. I think this was a pivotal point in my development and still finds a way to haunt me. After that day, I was stripped of my innocence, along with my self-confidence, and faith that a stable and predictable environment exists. This is when I began the need to control my world and I began to worry about everything. I don't try to control others, but I have a need to know everything about where I'm going, what I should expect, who might be there, what is it like, etc. New situations are completely undesirable, and change is my nemesis. According to Erikson's stages of development, I was in the industry versus inferiority stage where children, if regularly encouraged, acquire a sense of self-belief and proficiency (Maree, 2020). While I feel those in my immediate network were great encouragers, I do think this is when I began to lose faith in myself.

My brother was born later that year, and I was advised not to tell people about what happened that horrible day. I vaguely recall speaking with a counselor a time or two, but not much beyond that. Life moved on, and towards the end of my middle childhood years, my parents divorced. My sister, brother, and I lived with our mom in a few different apartments before we moved in a house that she could afford if she rented out one of the rooms. We visited our dad every now and then, but money was tight, so it always felt a bit awkward to visit him

knowing he purchased extra food and snacks when we were there. It was nice that he put in some effort, because fathers, even after a divorce, have the ability to positively influence their children's self-esteem and well-being (Bestaits et al., 2012).

Early Adolescence

Meanwhile, my mother's parenting style shifted to somewhere between permissive and neglectful with a hint of authoritarian. One moment she didn't appear to care where I was or when I'd be home, and another minute she would place various demands and rules on me. It's difficult to hold her completely accountable since she was dealing with her own mental health issues. She was a single mom, just under 40 years old, trying to raise three children with little to no child support on a teacher's aide's salary. Studies indicate that a child's emotional problems are related to the mother's overall adjustment after a divorce (Jurma, 2015). Not long after the divorce, my sister moved to her best friend's house, leaving me to deal with an unpredictable parent and increased responsibilities. Eventually I moved into my aunt's house, where my father lived, during my senior year of high school.

Late Adolescence

After high school, my mother and I were on relatively decent terms while I worked and put myself through college. My goal was to eventually become a child psychologist. I shared an apartment with a girl I worked with, and I really felt like I was moving forward with my independence and autonomy. Then, one day, out of nowhere, when I walked in my room late one night, a man holding a knife came out of my closet. I saw him out of the corner of my eye, he hovered over me as I fell on my bed and began to scream repeatedly. I think the intruder thought I was the only one home, because as soon as my roommate began asking what was wrong from another room, he left and ran out the front door. The odd thing was, not knowing at the time that

he exited our apartment, rather than picking up the phone and calling the police, I ran out of my room towards my roommate. I just didn't want to be left alone with him. Thankfully, all he took was my tip money for the night, and my mom allowed me to move back into her house by the end of that week, if I paid rent.

Beyond that situation, my early adulthood years were highly formative. Work and success in college helped me gain the self-confidence I was severely lacking. I began to feel a sense of independence, and I felt truly capable for the first time. I also like to consider myself highly resilient after dealing with multiple adverse experiences. Research indicates that personality traits of resilient individuals include self-reflection, planning, determination, and self-control (Hornor, 2017). I see all these traits working in my life. After multiple failed and completely unhealthy relationships, I met my future husband and graduated college with my bachelor's degree in psychology.

Early Emerging Adulthood

After four years of dating, my husband and I got married, and I became a stepmom. That certainly took a great deal of finesse, dealing with his ex-wife and the nuances associated with stepparenting, but altogether worth it. It was at this time that I decided I wasn't ready to become a child psychologist. I've always been extremely empathetic, and I feared I'd lose myself in my patients. Instead, in order to still work with impressionable children, I received my elementary teaching credential and began teaching full-time.

Two short years later, my son was born, two months premature. I was twenty-seven and scared. I have always been healthy, and I don't engage in behaviors that would compromise my health or that of my baby's, so I was completely perplexed by the situation. Turns out, I have an

insufficient cervix, and the doctor told me that if I ever planned on having another baby, they'd suture me closed, and I'd be bedridden for nine months. I didn't have any more children.

Middle Adulthood

I am now 46 years old and amid my middle adulthood years. I mentioned earlier that change is my nemesis, and I feel like I have nothing but change in my world lately. My son moved away to college, my elderly in-laws moved in, I just started graduate school, and I'm actively seeking school counselor positions after teaching elementary students for the past twenty years. Dr. Jeanne Brookes put it best when she stated in her video that individuals, like me, in the sandwich generation, feel more financially stable and our children are more independent, but we still feel the stressors of parenting our older yet still dependent children while feeling a new sense of responsibility for our aging parents as we support them during their physical and mental decline (Liberty University, 2014).

Admittedly, this has been one of the more stressful times in my life, but it is also the time in my life when I have become more spiritual and have leaned on Him more than I ever have before. After being raised a Jehovah's Witness until I was about ten years old, church took a back seat until my late thirties. We moved from California to Utah, and although we do not belong to the dominant religion in Utah, we share many of the same values and morals as our community. My husband and I began to see His work in our lives, and together we are continuing to grow spiritually every day. One of the verses I reread on a regular basis to get me through difficult days is, "Have not I commanded thee? Be strong and of good courage; be not afraid, neither be thou dismayed; for the LORD thy God is with thee whithersoever thou goest" (*King James Version*, 1769/2017, Joshua 1:9). When I'm feeling overwhelmed, I always take

solace in knowing that this is His plan, I have faith in Him and what he has in store for me, as well as how He plans on using me in other people's lives.

Late Adulthood and Elderhood

My father passed away when he was 65 years old. We aren't sure the exact cause of death, but he was extremely unhealthy. He had skin cancer, chronic bronchitis, emphysema, chronic obstructive pulmonary disease, was on oxygen, and although he wasn't officially diagnosed, I think he suffered from anxiety and depression. My mother, on the other hand, is thriving for her age. She's now 72, remarried, appears satisfied with her life, and has become more spiritual in the last decade. If well-being is associated with the ability to fulfill basic needs, good health and social relationships (Wong et al., 2021 page 296), then her well-being is off the charts.

As far as my in-laws are concerned, I can't say they are faring as well, but they are a bit older than my mother. My husband's parents are 83 and 84, cannot hear well, and often have difficulty with daily tasks. As stated, they moved in with us last summer as a reprieve from the COVID isolation of California. COVID affected people worldwide, but the elderly population was one of the most vulnerable and the loneliness experienced led to a greater risk of anxiety and depression (Shuja et al., 2020). This motivated us to provide a better quality of life for them during their final years. Within a month of the move-in, my father-in-law fell down the stairs and broke his hip. Thankfully, he recovered well, we made the necessary adjustments at home, and he now walks with a cane. His spirits seem positive, especially in comparison to his wife. My mother-in-law has glaucoma and cannot see well. She has never been the healthiest individual and due to the previously mentioned ailments, I believe she has completely lost her independence. She gets highly irritable. I'd like to completely blame it on the emotional burden

getting older carries, but we are beginning to fear that it's the onset of dementia. We are currently in the process of seeking medical advice. They are in Erikson's final stage, integrity versus despair, attempting to reconcile their self and satisfaction with life. I recently found out that they visited an attorney to make their last will and testament to organize and plan their remaining years while they're still cognitively capable.

Conclusion

There are current lifestyle behaviors that may be influencing my aging process, for better or for worse. As stated, the older I get, the more spiritually aware I am of myself and of others. I believe this can only bring positive benefits to my aging process. That being said, I do not think I am doing all I can to improve my well-being. In *Issues and Ethics in the Helping Professions*, it states that counselors should consider personal therapy, not because all therapists should be free from all problems, but they should at least recognize their problems rather than denying them (Corey et al., 2019). I can see how this impacts me as well as those I will work with as a school counselor. My plan of action will be to reach out and take that first step to initiate personal therapy to ensure I deal with my problems to better serve those I'm trying to help.

Areas of future study can certainly include forming strategies to counsel the increasing older population. The baby boomers are beginning to enter their later stages of life and counselors will be needed to address the various issues of this aging population. Especially considering that most counselors are trained to utilize techniques and programs for a younger population, not those in their final stage of life (Wong et al., 2021).

References

- Bastaitis, K., Ponnet, K., & Mortelmans, D. (2012). Parenting of divorced fathers and the association with children's self-esteem. *Journal of Youth and Adolescence*, 41(12), 1643-1656. <http://dx.doi.org.ezproxy.liberty.edu/10.1007/s10964-012-9783-6>
- Corey, G., Schneider Corey, M., & Corey C. (2019). *Issues and Ethics in the Helping Professions* (10th ed.). Cengage Learning, Inc.
- Hornor, G. (2017). Resilience. *Journal of Pediatric Health Care*, (31)3, 391-392. <https://doi.org/10.1016/j.pedhc.2016.09.005>
- Jurma, A. M. (2015). Impact of divorce and mother's psychological well-being on children's emotional, behavioral, and social competences. *Revista De Cercetare Si Interventie Sociala*, 48, 69-82.
- King James Bible. (2017). King James Bible Online. <https://www.kingjamesbibleonline.org/> (Original work published 1769)
- Liberty University. (2014). *Sandwich Generation* [Video]. Liberty University.
- Maree, J.G. (2020). The psychosocial development theory of Erik Erikson: Critical overview. *Early Child Development and Care*, 191(7-8), 1107-1121. <https://doi.org.ezproxy.liberty.edu/10.1080/03004430.2020.1845163>
- Mendonca, T.L., Shanthi, S., Shttigar, S., Castelino, P.S. (2020). Comparative study to correlate loneliness and behavioral problems between latchkey and nonlatchkey children (age between 13-15 years) in selected schools at Mangaluru. *Journal of Medical & Allied Sciences*, 10(1), 14-17. DOI:10.5455/jmas.71850
- Nørgaard, L.N., Pinborg, A., Lidegaard, Ø., and Bergholt, T. (2012). A Danish national cohort study on neonatal outcome in singleton pregnancies with placenta previa. *Acta*

Obstetricia et Gynecologica Scandinavica, 91, 546-551. <https://doi-org.ezproxy.liberty.edu/10.1111/j.1600-0412.2012.01375.x>

Shuja, K. H., Shahidullah, M. A., Khan, E. A., Abbas, J. (2020). Letter to highlight the effects of isolation on elderly during COVID-19 outbreak. *Geriatric Psychiatry*, 35(12), 1477-1478. <https://doi-org.ezproxy.liberty.edu/10.1002/gps.5423>

Wong, D. W., Hall, K. R., & Hernandez, L. W. (2021). *Counseling Individuals Through the Lifespan* (2nd ed.). Sage Publications.