



Choices That Adolescents Make

Curriculum Unit 91.05.04
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Introduction

Today's adolescents are faced with many choices. Beginning at an early age (many times before puberty), children are placed into the role of head of the household. The decisions that they make at such an early age not only influence their lives but are also crucial for the safety and well-being of others. Many afternoons and evenings children come home to an empty home, where nothing is prepared for dinner and they must care for a younger sibling. As these children approach adolescence this leadership role is expected of them by parents, many of whom are single. If the parent is a working parent, then the pressures can be even greater for the oldest child. The role of head of the household may require adolescents to leave school at an early age and give up many of their personal goals such as college, or sports so that they may pursue a job instead of a career just to survive and have pocket change. This need for survival money along with idle time could be two of the factors that contribute to some of the major problems that adolescents face today.

If an adolescent has been in a strong secure family atmosphere, where two parents are present, along with enough food, shelter, and clothing for everyone, and some one available to care for younger siblings, then the chances of surviving adolescence without a crisis (alcohol, tobacco, drugs, pregnancy) is somewhat better than it is for someone from a less secure background. The family background must include good adult role models and open lines of communication. But, what happens when there is a breakdown in communication? What if there are no adults present in the home to serve as role models? Then where does an adolescent obtain all the vital and pertinent knowledge needed to be successful in life?

The majority of the time it is from the peer group. Adolescents seem to be most comfortable around their peers and often turn to them for guidance. Without proper guidance this group now turns to the streets. Once on the streets they can get caught up in a vicious cycle usually beginning with casual cigarette smoking, drugs, alcohol, sexually transmitted diseases, AIDS, teenage pregnancy, health issues and if they are not lucky even death.

These adolescents need our help. One way to help them is by providing them with accurate and up to date information. This information should include the facts on cigarette smoking, drugs, alcohol, sexually transmitted diseases, AIDS, teenage pregnancy, and other health issues.

In addition there should be a listing of the different types of intervention that are available, along with the

various social service agencies located within that community. Importantly, there should also be information available for adults that would help them understand the adolescent thinking process. Adults need information as much as students so that together they can combat these problems. When these types of programs are in place for a while, maybe some progress will be made in this continuing battle.

Choices! We all make countless numbers daily, beginning with wake up time (and what should I do today?), though bedtime (and what should I do tomorrow?). For adolescents as for adults these choices are extremely complex. The problem is that adolescents have not had enough practice, skill, or facility to make accurate, safe choices.

What kind of choices do adolescents make? Why do they make these choices ? What outside influences affect the directions in which they travel?

Purpose/Objectives

The purpose of this unit will be to;

- a. Examine the different types of information available to adolescents.
- b. Analyze the decision making process of adolescents.
- c. Examine the basis for egocentric thought.
- d. Analyze to what degree peer pressure affects adolescent decisions.
- e. View the topic of substance abuse from two different perspectives: adult and adolescent.
- f. Discuss various traps that adolescents fall into, such as Cigarettes, Alcohol, and Drugs.
- g. Evaluate the different types of outside intervention available and discuss how effective they have been.

This unit will be targeted for students in the middle school (grades 5-8) who are taking life skills classes (at the time of presentation) or have already completed them. The material contained can also be used in any class that deals with social development and/or problem solving.

Synopsis

This unit will be divided into four sections (that overlap and at times flow one to another). Each section will address one of the key issues that are facing our adolescents today. Each unit will serve as an entity in itself as well as setting the stage for the next topic. The proposed sections are as follows;

Section One an exploration into how problems are perceived and solved by adolescents. The adolescent thinking process will also be examined. An added feature of this section will be a review of egocentric thought and how it applies to adolescents.

Section Two will examine substance abuse, viewing it though the eyes of adults. This section will

include the so-called stages of substance abuse.

Section Three will look at the problem of substance abuse through the eyes of adolescents. In this section will be some of the factual information that has been written on adolescent substance abuse.

Section Four will analyze the risks involved in substance abuse and evaluate some of the prevention measures already in place in various communities.

Section One

Why Do Adolescents Think This Way?

It is not rare to find an adolescent who looks as mature as an adult. It is also not uncommon to find an adolescent who speaks as well as an adult. But, it is rare to find an adolescent who can think (in the true sense of reasoning, thinking, and problem solving) in much the same manner as an adult. (There have been years of scientific experimentation by many outstanding individuals including Piaget, Darwin, and Freud into adolescents and how they think.)

On the other hand, adolescents are capable of completing many complex tasks using different reasoning skills. Adolescents can separate rational thought from non-rational thought, and are capable of coming up with many responses to a given situation.

It stands to reason that an adolescent's thought process is far more superior than that of a younger child. An adolescent can;

- a. receive information and test it at the same time for accuracy.
- b. observe the results of these tests.
- c. draw logical conclusions (based on these tests) from the observations, and
- d. decide on their competence.

Adolescents have the ability to make reality secondary to possibility. They also use what is known as combinatorial thinking, (seeing items in a group as one not a combination), and lastly do not see all the combinations that are possible. (This material will be discussed in the section on Egocentric Thought.)

What happens to the thinking process? What factors can add to its growth or retardation?

Piaget has written that somewhere around puberty the thinking process changes from concrete operations to formal operations. Neurological change is not the only change at this time, the social environment of an adolescent plays a major role along with education or the lack of an education being another factor. Children construct reality out of their experience with the environment. ¹ As children grow older and their thought process matures they can construct reality more closer to that of an adult.

A child must be allowed to experiment and grow in order to progress into formal structure. If this is not allowed to happen, then proper cognitive development will not take place and minds will not be allowed to develop in their proper logical sequence. But in order to gain still more insight into the adolescent mind, we must first look at what happened in the stages leading up to adolescence.

Egocentric Thought

Egocentric thought is regarded as a state of mental development that can be overcome by moving into the next higher level of development. Children need to take the point of view of others in order to progress out of this stage.

The concept of egocentrism generally refers to a lack of differentiation in some area of subject-object interaction. At each stage of mental development, this lack of differentiation takes a unique form and is manifested in a unique set of behaviors. ²

Egocentric thought is present at every level at varying degrees and must be overcome by challenging yourself and testing the knowledge that is already present or which is about to be received.

The levels of egocentrism seem to revolve around accomplishing one major task. In order to progress this task must be accomplished. Each level has a title and task "assignment" beginning with birth through adolescence and beyond. A look at these stages will help to better understand children and what we as adults have overcome to reach the level that we are at now. ²

Birth to Two Years referred to as the conquest of the object. Infants deal with objects that they can see. If an object is present they will interact with it. If it is not they will not. As they learn to walk around they learn to seek out objects and conquer them.

Three to Six Years or the preschool years has the child seeking and conquering symbols. They learn to identify letters, numbers, words, and other symbols and learn elementary arithmetic operations. At this level egocentric thought is running rampant. Preschool children think in two levels, what they know concretely, and what they know concretely about the world. Preschool children believe that parents know it all, but once they find that an adult has made an error they believe that they know more than that adult. They feel adults are somewhat stupid and try to outwit them all the time. To them everything is magical.

Seven to Eleven Years concrete operations begin and the child must learn to master relationships, quantities, and classes (at school). Children now see things as a unit or group of concepts (like math concepts). They have the ability to think through a problem and then solve it. At this age they have the ability to think of alternatives but do not know how to act on them. As the child approaches adolescents they begin to rebel against their families and other authority figures. Children at this age (eleven or so) begin to think that they have all the answers.

Adolescence this is the period where formal operations begin (second or higher order skill). They seem obsessed with conquering thought. Formal operations allow adolescents to construct all the possibilities and also construct outcomes contrary to the fact that is presented. They are also able to conceptualize thought and make mental constructions of objects and reason about them. Adolescents can test many different hypotheses at one time. Formal operations allow adolescents to move out of ego assumptions and into their own (and others) thoughts and feelings. Yet as we

all know adolescents are very self centered in their feelings, wants, and loves. The adolescent is very self critical and goes to great ² lengths in grooming so that they are accepted by others.

Beyond Adolescence (age fifteen and older) formal operations are firmly established and no new mental system begins. What the adolescent has developed as far as mental capabilities must last them for their entire life. Hopefully a good job was done and the adolescent did past through all the stages of egocentric development.

Summary

Adolescents develop the ability to imagine (most of) the possibilities inherent in a situation. Before solving a problem adolescents have the ability to analyze, then attempt to draw conclusions on what might happen next.

Piaget has proven through his model of sixteen binary operations that adolescents do have a higher thought process than that of a child and that this process does improve with age. Piaget has done the most research in this area. And lastly, egocentric concepts (thoughts) are required to progress from one stage of mental development to the next. Egocentric concepts are those which at any level of development, the child can form but not test. ¹

Section Two

Substance Abuse

In looking at the problem of substance abuse there are two basic points of view; how adults view the problem and secondly, how adolescents view the problem. Clearly, to some adolescents there really is not a problem, but to adults the situation is one that runs from horror, to disbelief, to denial. No parent would ever wish that their child would end up addicted to any substance. Drugs are a part of our society that many people do not openly discuss. Because of this there are many things that we don't know about drugs. Simply put, "It's what we don't know about drugs that's killing our children." ³

Drugs are a part of every life style, rich, poor, male, female, across all racial and ethnic groups and all walks of life. Drugs are everyone's problem, good kids, athletes, married or divorced, urban or suburban. One of the consequences of substance abuse that affects everyone is crime. On the average, a burglary is committed every eight seconds in America.

Interestingly, a permit (or license) is required for just about everything in our society from driving a car to building a home, but none is required for having a child or being a parent. So how do you raise a child? This is the question that we all would like to know the answer to.

Parents deny outwardly that their child could ever be involved in any type of substance use. "Drugs are not my problem, I can control them, I can handle them, they can stop at any time." ³

Drug use is a disease that has many symptoms but currently no cure. Drug use has both social symptoms (family, marriage, etc.) and physical symptoms (coughs etc.).

Drug use currently has four stages culminating in death. Other stages have different consequences some of which appear later in life. Let's begin with stage one and go through the cycle.

Stage One this is where the person only uses drugs for convenience as long as there is someone around to supply them. This sets the stage for a period of denial of substance use by the user. At this level getting high is similar to Pavlov's maze (reward and punishment). The user is hard to spot, usually only by accident.

Stage Two the user is now actively seeking drugs. They feel so good now that they can't wait until the next opportunity. They now plan their friends and life around drugs. This is the first step toward the disease where the user branches out from alcohol and marijuana to different types of pills. The adolescent still listens to and respects authority and still attends school. But they now experience isolation, mood swings, and lose sight of their future goals. They are now more controlled by drugs which are used for more than just fun, but still clearly not a problem in their mind. This leads to an internal conflict by the user of right versus wrong. (For substance usage in their mind and finally a need for more drugs.)

Stage Three at this level getting high has become the most important thing in their life. Getting high is part of a daily regimen which now helps the adolescent cope with everyday life. The drugs used now are more potent and the user prefers to get high alone more than with friends. At this level there is a loss of interest in adults and school and the user no longer hides his use of drugs. The user looks (dresses) and acts the drug role. If needed he turns to crime and may now have his first brush with the law. Along with the mental symptoms of drug usage are also the physical symptoms, colds, cough, red eyes, sore throats and others which could lead to lung disease or bronchitis.

Needless to say the user's relationship with his family decreases as well as his self esteem and worth. The user loses control of the drug which leads to thoughts of suicide and other suppressed feelings.

In desperation the user exhibits forms of bizarre behavior including sexual promiscuity, and group sex sometimes including homosexuality. The user often speaks and does these things freely as a last ditch signal for help.

Stage Four this is the final stage, after this stage there is only death. Drug use is constant and the user has progressed through all the other stages. Drug use is not to feel good anymore but to feel and function "normal." The use of drugs now progresses to intravenous use, because this is the most effective and direct as well as dangerous way to use drugs.

Physically the user coughs chronically and is very weak. At this point there is also a loss of memory. Girls often turn to prostitution to support their drug use. Drug addiction is now a chronic disease.

Summary

These four stages attempt to sum up how parents view the problem of substance abuse. For a contrast an examination of the adolescent view point is offered.

Section Three

Adolescent Substance Abuse

When there is an increase in adolescent substance abuse there is also an increase in drug related tragedies.

Shootings (in school and the community), gang fighting, and overdoses occur. Alcohol and drugs are frequently cited as the contributing factors to the cause of many accidents, homicides, suicides, and other medical problems.

Substance use is at an all time high and it will very likely continue to have a great impact on adolescent health. The statistics are startling: in 1989, over 50% of high school seniors surveyed said that they had tried at least one illicit drug. Interestingly, current use declined during this same period. While there have been encouraging declines, adolescents continue to be significantly involved in illicit drug use. Unfortunately, this decline does not effect alcohol or cigarette use. Use of alcohol and cigarettes is still increasing. Much of the use takes place at parties or on weekends.

In 1989, 66% of high school seniors surveyed said that they had tried cigarettes. Many adolescents admitted having their first drink and/or smoke by age thirteen. Adolescent alcohol and drug use is directly related to a lot of other adolescent problems.

Auto injuries, often after drinking, are a leading cause of death among adolescents. Adolescents who are using one or more substances at an early age usually get involved in sexual activity, too. This is usually because when one breaks one rule it is easier to break another and thus the cycle begins. Unfortunately, they are also less likely to use condoms during sex because of memory lapses.

Adolescents have difficulty understanding their drinking problems. In a way this is similar to adults. Adolescent girls are more likely to be anxious, depressed, vulnerable, and submissive while boys are more outgoing, social, and relatively free of anxiety. Adolescents drink to change their present state of mind. They come to expect something from drinking. Male dominated versus environment dominated drinking problems appear to be more prevalent.

Problem drug use is more a symptom than a cause. Drug use is frequently associated with problem behavior. As with substance abuse it is related to the environment as well as the influence of peers and adults.

Substance abusers seem to be comfortable in groups of their peers which usually conflict with families or other (school) authorities. Their friends are users and they tolerate the use of drugs. Families and conventional authorities do have an influence on adolescents and their tendencies to drink at least at the early stages. But once drug use has begun, peer influence takes over. Parental influence is exerted by establishing norms while peer influence is more a function of modeling drug-use behavior. ⁶

Cultural values also affect problem behavior. Family instability has a direct correlation on substance abuse. A disruptive family system pushes an adolescent into these tendencies.

A developmental sequence that adolescents travel from legal to illegal drugs has been proposed.

Stage One; no use of drugs

Stage Two ; use of beer or wine

Stage Three; use of cigarettes and hard liquor

Stage Four; marijuana use (this begins the use of illegal drugs)

Stage Five ; other illicit drugs ⁷

Summary

The adolescent version is somewhat different than the adult version. The adults seem to view the road to substance abuse as a four step process ending in death. The adolescents view this same process as a five stage process that begins with the use of beer and wine. It is important to note that there are on the market presently wine coolers and brands of beer that have a very high concentration of alcohol which can induce intoxication rapidly. In some cases, even death has occurred when large quantities were mixed, or when the beverages were combined with other substances (such as pills or drugs). It is clear that no matter which version is taken the end result of being addicted to drugs is not the outcome that anyone would desire for their own personal friends or relatives.

Section Four

Risk Factors and Prevention Measures

This final section discusses the risk and prevention measures that can be taken to reduce substance abuse. In general nutrition, substance abuse, and other adolescent problems can be summed up with one word "avoidance." But when avoidance is not successful, then prevention must take place. Prevention is the best cure. First let's identify some of the risks associated with substance abuse.

In general males are more likely to be users than females. The greatest risks seem to be with beginning drug use early versus later in life. It is agreed that both are equally dangerous to the user. Adolescents become involved because they perceive that their peers are involved (one of their greatest influences).

Prevention, which should involve the community, must be done on a large scale. There are three basic types of prevention;

Primary Prevention ; before use begins,

Secondary Prevention ; stopping the progression of drug dependency once it begins,

Tertiary Prevention ; stopping the worst sequence use. ⁸

Initial prevention (media, anti drug messages) began in the late 60's to early 70's. Later school based education programs began. The belief was the more that was known the more effective it would be at reducing the drug rate. In reality it had no real effect on reducing the drug rate. Other programs were geared to enhance self esteem and provide alternatives to these activities. The best programs seem to be those that teach resistance to peer pressure, avoidance and social competence skills.

Other factors to be considered in the establishing of an effective prevention program would be;

1. general problem solving skills, brainstorming, and decision making techniques. These activities could include group discussions where students are assigned specific roles or duties to complete within the group. Teacher directed activities can also be used.

- skills in resisting media influences, our students need to see and hear the facts about the
2. world of advertising. Students should be given knowledge about what is fact and how to separate it from fiction.
- skills in building self control and self esteem, students need pride and confidence to succeed in today's world. They must feel that they belong in our society and that they can be
3. productive in our society. Students need to learn to relax and gain control of their own destiny.
- strategies for relieving stress and anxiety, students must be shown though deep breathing,
4. walking, reading, exercise, or other ways that they have an outlet for all the stress and anxiety that they encounter in day to day life.
- interpersonal skills in initiating social interactions, students must be taught good communication skills that will allow them to speak to their peers on a variety of different
5. subject matters other than matters related to substance abuse. Positive social activities such as school dances and other school organizations will also allow students to develop strong social ties to one another.
- skills in expressing feelings, opinions, and "saying no," students need to be taught that they can say no to people (adults included) and not be forced into many situations. Through group
6. interactions they should also learn that they can express their feelings and that it is O.K. to be sad at times. ⁹

All skills should be taught and practiced in class, at home, and modeled. The use of role play should also be included for students to act out and express their feelings to one another.

In most years the programs have focused on grades six and seven. The sessions usually run from seven to twenty weeks and have been shown to reduce smoking up to 75%. ⁹

Summary

To really see effective change however, a long term program needs to be in place. These programs could not only enhance school based programs but also lend support to community based programs that use schools, mass media, parents, community organizations, and health policy programs that prevent a gateway to drug use by adolescents. ¹⁰

In school systems where this type of intervention has been in place (New York) there has been a significant reduction in those students admitting substance abuse.

It has been concluded that drug use perceived by the social environment might be most modified through community based programs that emphasize resistance skills and non drug use. In general any type of program that is in place must be visible, and should involve large numbers of people and many diverse organizations.

Unit Summary

Drug use may be attributed to problem behavior. Prevention programs that are effective use social influence and skills as their teaching base. These programs help adolescents identify and resist peer and social pressures by informing them of the consequences, identifying peer, media, and environmental influences, modeling, role playing, and goal setting.

Programs that teach personal skills such as problem solving and decision making, coping strategies for reducing stress, and improved communication skills are most effective. In order to be most effective programs should include both a social and personal unit for coping with adolescent problems. It is also important that the programs extend outside the school to encompass the entire community. Prevention efforts should include teachers, parents, community leaders, and law enforcement agencies in order to be most effective.

If drug use behavior is learned before or during adolescence, there is a good chance that drugs will not be used. Prevention programs should focus on reducing exposure and changing attitudes already in place. Any disruption in the normal family could have an effect on drug use during adolescence. The earlier the intervention (elementary school) the better.

Programs should foster self esteem, interpersonal relationships, and promote a commitment to good achievement.

Although many studies have been done there could be some shortcomings including the absence of a control group, and the use of predominately white middle class students, and poor long term follow up.

A need for the best program, at the earliest age, with family support, is needed.

Lesson Plans

Activity I

Materials Needed *Newspaper (New Haven Register or other daily newspaper), Newsweek, or Time Magazine, (or other current magazine).*

Procedure *To begin have available for your students copies of the daily local newspaper. The students assignment will be as follows; students are to research, follow, and finally cut out articles that pertain to issues around substance abuse, adolescent health, teenage pregnancy, AIDS, STD's or other related subjects. (Students may also listen to their radios or watch television to research these topics.) Students should keep a log or journal of when the articles appear and from what source they came.*

After a two week period students should compile and write a short essay on their findings. The essay could be a page in length and should summarize the articles

Evaluation These essays along with any other materials (logs, journals, or other newspaper clippings) can be handed in to class. At this point the teacher may wish to present some of the articles or have the individual

students present their own articles to the class.

By using this method a separate grade could be given for content and also presentation.

Activity II

Materials Needed (Logs, Journals, Newspaper Clippings)

By using materials from the previous lesson students can now create skits to be presented in class.

Procedure To begin the teacher may select a few articles that could be used as background for a skit or have the students write their own skit. Again the content of the skit should center around one of the topics discussed earlier in this unit.

Divide the class into small groups of 3-5 students. The students are then to work together as a group to produce a small skit not lasting more than 5 minutes. Each member in the group must have a role in the skit. These roles could include acting, props, directing, or narrating the skit.

The students will probably need at least two days to work on these skits. One day for the deciding of roles and the 2nd day to finish practicing for the presentations. If at all possible have the students begin their presentations on this second day. If another day is needed for completion then use a third day for this.

Evaluation Students can again be given a grade for content and also for presentation.

Activity III

Guest Speaker

This activity will serve as a culmination of the previous two lessons. All three lessons are linked together and could take approximately three weeks to complete.

Procedure Before the presentation of the skits in the previous lesson, make arrangements to have a guest speaker(s) come into class. The selection could be done any number of ways. One way would be to ask the students to write down any topics that they may wish more information on and place these topics in a suggestion box. Another resource would be to check with The School Volunteers Office of the New Haven Public Schools. In addition though contacts within the community parents may be available or know of people qualified to be guest speakers.

When the selection is made make sure that you get in contact with that person (who will be the guest speaker) to let them know what topic(s) they should speak on, and how much time will be available to speak.

When the speaker does arrive make sure that the students are aware that the guest speaker is a culminating activity to the previous two lessons. (The guest speaker should not be selected just to come in and speak but be related and relevant to the subject matter being discussed and the previous classroom activities.)

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Teacher's Reading List

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2. Cracker, J. R. *Almost Grown: A Christian Guide For Parents of Teenagers* . New York: Harper and Row., Publishers, 1980. A biblical approach to child rearing.
3. Heaps, A. *Juvenile Justice* , New York: The Seabury Press, 1974. How teenagers feel they should solve conflicts and problems.
4. Hettlinger, R.F. *Growing Up With Sex* , New York: The Seabury Press, 1974. A look into teenage sexual behavior.
5. Rinzler, J. *Teens Speak Out* , New York: Donald I. Fine, 1985. Teenagers discuss issues of importance to them.

Student's Reading List

1. Berla, N. *The Middle School Years* , Columbia, Md: National Committee For Citizens In Education, 1989. A guide to help adolescence adjust to this difficult time in their life.
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4. Narramore, B. *Adolescence Is Not An Illness* , Old Tappan, N.J.: Fleming H. Revell Co., 1980. A helpful book to explain adolescent issues and answer questions.
5. Robson, B. *My Parents are Divorced Too. (Teenagers Talk About Their Experiences and How They Cope)* , New York: Everest House: 1980. Teenagers share their feelings and experiences during this difficult time in their lives.

Suggested Filmstrips

Audiovisual Materials Catalog 1983

New Haven Public Schools

Filmstrips

Thinking For Yourself

You and Your Feelings

Your Growth

Making Friends

Dating Daze

Who Are You?

Why be Healthy?

Right Foods Help Health

Getting Acquainted With Our Bodies

Sleep and Rest

Filmstrips and Cassettes

Tobacco-Alcohol

Marijuana-LSD

Kicks-Narcotics

Sara T.—Portrait of a Teenage Alcoholic

Why Take Drugs?—What is Drug Abuse?

Tobacco and Your Health-Alcohol and Your Health

Drugs Helpful and Harmful

Let's Talk About Goof Balls and Pep Pills

Alcohol Fun or Folly Smoking or Health

Motion Pictures

VD—A New Focus

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Drugs : Facts Everyone Needs to Know

Is Smoking Worth It?

Disney Educational Productions

Growing Up - New Edition 1984 (Filmstrip and Cassette)

Videocassette

Fast Forward Future (Westwoods Films) Westport, Ct.

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