

Running head: CONCEPTUAL CLARIFICATION OF SPIRITUALITY

Conceptual Clarification of Spirituality with an Adolescent Intensive Outpatient

Substance Dependency Group

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Table of Contents

	Page
I. Abstract	4
II. Introduction	5
A. The difference between abuse and dependency	6
B. Addiction	7
C. Adolescence	8
D. Adolescent substance use	9
E. Adolescents in treatment	11
F. Spirituality	14
1. Gratitude	16
2. Release	17
3. Humility	17
4. Tolerance	17
G. Spirituality vs. Religion	18
H. Spirituality in Recovery	18
I. Spirituality of Adolescents in Recovery	19
J. Spirituality clarification in a group setting	21
III. Method	21
A. Treatment facility	21
B. Adolescent Intensive Outpatient Group	22
C. Sample	23
D. Evaluation	24
E. Procedure	25
IV. Results	25
V. Discussion	30
A. The conceptual clarification sessions	31
1. Session one	31
2. Session two	34
3. Session three	36
4. Session four	37
B. Summary of the sessions and findings	37
C. Limitations	38
D. Implications	39
VI. References	41
VII. Appendix A	47
VIII. Appendix B	49
IX. Appendix C	52
X. Appendix D	54

Abstract

Spirituality is an essential aspect to an individual's recovery process, including adolescence. The research project for a graduate course in Counselor Education investigated the affect that a conceptual clarification regarding the concept of spirituality with an adolescent intensive outpatient substance dependency group had on their own sense of spirituality. Participants were four adolescents diagnosed with a chemical dependency enrolled in an intensive outpatient group at a treatment facility. It was discovered that by providing a conceptual clarification of spirituality to an adolescent's intensive outpatient group there was a foundation for the concept of spirituality built. There were several limitations within the study that are discussed

Conceptual Clarification of Spirituality with an Adolescent Intensive Outpatient
Substances Dependency Group

The abuse of alcohol and drugs in the United States has an impact on society as a whole (Bell, 1994). This abuse of alcohol and drugs is currently a major public health issue and does not discriminate based on demographics (Stevens-Smith & Smith, 1998). For an individual diagnosed with substance abuse or dependency the harm extends to the mental, physical, emotional, social, and spiritually aspects of their being (Gladding, 2000). The severity of the public health problem extends to the adolescent population (Wilson, Sherritt, Gates, & Knight, 2004, p. 536).

For example, Wilson, Sherritt, Gates, and Knight (2004) discovered that by the 12th grade the majority of adolescents have experimented with drugs or alcohol. Bell (1994) contended that treatment is the best answer for substance abuse problems and an aspect of this treatment needs to include the concept of spirituality. This research focuses on adolescent substance use and the concept of spirituality, including a discussion of the difference between abuse and dependency.

Dennis et al. (2002) stated the concept of a higher power and spirituality is a difficult abstract term for adolescents to understand. With the documented importance of spirituality within the recovery process, it is only feasible to expose adolescents who are in treatment to the concept of spirituality. Through the conceptual clarification the difficulty of understanding spirituality can begin to be tackled.

It is the hope of this researcher that through the conceptual clarification of spirituality the adolescence in the intensive outpatient group will gain a clearer understanding of the concept of spirituality and what it means for them. Morrison, Hoffman, DeHart, Estroff and King (2001) contended “spirituality can be a very powerful force in the initiation and maintenance of

abstinence when everything else has failed” and “can be the most important aspect of treatment and prolonged recovery for the substance-abusing adolescent” (p.233).

The difference between abuse and dependency

According to Adams, Cantwell, and Matheis (2002) there is an active debate among professionals in the field of substance treatment whether or not the same criteria that is used for adults to determine abuse or dependency can be used for adolescents. Based on that thought the author would like to note first and foremost that even though it is beyond the scope of the review of the literature specific to this research project, that the criteria established by the DSM-IV apply to adults, thus counselors should be extremely cautious when using the DSM-IV criteria with adolescents to diagnosis a substance abuse or dependency.

Dependency on a substance and the abuse of a substance differ according to the DSM-IV criteria that counselors use to determine the level of addiction. Evans (1998) provided a summary of the DSM-IV criteria for substance dependency as follows: “these symptoms are the result of the individual’s continued use despite significant substance-related problems” (p. 327). Evans (1998) further explained “there also must be a pattern of repeated self-administration usually resulting in tolerance, withdrawal, and compulsive drug-taking behavior, and the diagnosis requires that three or more of the symptoms occur concurrently at any time in the same 12-month period” (p.327).

The American Psychiatric Association (2000) within the Diagnostic and statistical manual of mental disorders characterizes substance dependence as “a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continued use of the substance despite significant substance-related problems” (p. 192).

For an abuse diagnosis versus a dependency diagnosis there are fewer less severe criteria that counselors need to identify (Evans, 1998). The American Psychiatric Association (2000) within the diagnostic and statistical manual of mental disorders characterizes substance abuse as a “maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances” (p. 198). Winters (2001) explained that these consequences are often harmful and hazardous.

Winters (2001) provided a continuum displaying the path to which an individual may progress through substance abuse to substance dependency (p. 82):

- 1) Abstinence
- 2) Experiment use. Minimal use typically associated with recreational activities; often limited to alcohol use.
- 3) Early Abuse. More established use, often involving more than one drug; greater frequency; adverse consequences begin to emerge
- 4) Abuse. Regular and frequent use over an extended period; several adverse consequences emerge
- 5) Dependence. Continued regular use despite repeated severe consequences; signs of tolerance; adjustment of activities to accommodate drug seeking and drug use
- 6) Recover. Return to abstinence; some may relapse and cycle through the stages again.

When an individual stays in the stages of abuse and dependence they are experiencing addiction.

Addiction

For an individual that is addicted to a substance the habitual use of that substance has a significant personal meaning and provides a life-sustaining function that is “vitaly important as long as no better alternative solutions are identified or available” (Tatarsky, 2003, p. 250). This

important personal meaning is established through the individuals desire to improve painful states of feeling (Green, et al., 1998). Ball and Legow (1996) pointed out that when in treatment it is the work of the counselor to facilitate the individual to stop using, along with working through possibly painful personal experiences associated with the development and progression of the substance disorder.

The occasional use of substances can lead to regular use, than addiction, which according to Green, et al. (1998) can lead to the loss of family, friends, work, and home. A set of behaviors and thought patterns develop that enable the individual to obtain drugs whether or not such obtainment causes harm to self or others (Green, et al., 1998).

An individual in recovery must learn new ways to “negotiate their way through life’s complex maze of disappointments, obstacles, and burdens without the use of alcohol or drugs” (Green, et al., 1998, p. 325). Green, et al. (1998) contended that the addict must reestablish relationships, restructure their use of their time, and recognize the rights of others in their daily interactions. Along with the commitment to abstain from alcohol and/or drugs the recovering individual has the tasks of developing new coping skills to handle the feelings, thoughts and behavior that in the past led them to use alcohol or drugs (Green, et al., 1998).

Adolescence

The time between childhood and adulthood can be defined as the stage of life identified as adolescence (Adams, Cantwell & Matheis, 2002). Adolescence is a time when an individual has physical maturity but lacks psychological maturity (Elkind, 1998). Elkind (1998) stated, “young people are now required to confront life and its challenges with the maturity once only expected of the fully grown, but without any time for preparation and with little adult guidance” (p.7).

The adolescent age group is developing more rapidly than any other age group (Brown, 2002). During the time noted as adolescents in one's life their relationships with their parents changes and their peers become a more intimate and intense (Santrock, 2004). This change initiates the beginning of autonomy and separation from the family, but there is still a dependency on the family for security and support (Tims, et al., 2002).

Elkind (1998) contended in today's society the distinction between an adolescent no longer being a child and the fact that they have not fully attained the status of adulthood leads to their unique needs being ignored. An adolescent does not possess the experience, strategies, and rules to assist them with making decisions that adults have (Elkind, 1998). The stage of adolescence is the time of developmental growth, including decision-making and critical thinking processes (Santrock, 2004).

There is a sense of invincibility within adolescents with the idea that they will never suffer the horrible experiences that happen to other people (Santrock, 2004). Adolescents find themselves in a complicated period of their life faced with social pressures, disappointments, and risk factors (Tims, Dennis, Hamilton, Buchan, Diamond, Funk & Brantley, 2002). Which leads to the conclusion that the crucial task of adolescence is the transition into their own person and discovery of their own identity (Shaw, 1992). Adolescent substance use can inhibit the development of an adolescent and their transition into young adulthood.

Adolescent substance use

Of all industrialized nations the United States has the highest rate of drug use among adolescent and this is a significant societal health and economic problem in the United States (Ames, Sussman, Dent & Stacy, 2005; Gordon, Kinlock & Battjes, 2004; Mainous, Mainous, Marin, Oler & Haney, 2001; Santrock, 2004; Winters, Latimer & Stinmchfield, 2002). The

implications that adolescent substance use has on society is well known by those within the field and society as a whole needs to take note of the impact that the substance use of adolescence in our society has on our future and the adolescent themselves (Wilson et al., 2004).

The high rate of drug use among adolescence contributes to numerous harms for themselves and society (Schell, Orlando & Morral, 2005). Schwartz and Smith (2003) shared incidences of adolescent illicit drug use continue to rise. Despite the difference in the rate of use of various substances year to year a significant amount of young people are still using (Brown, 2002).

Wilson et al., (2004) noted in their study that many medical care providers are unaware and underrate the severity of substance-related pathology in adolescents. If there is significant change in an adolescent's mood or behavior, or a decline in their thinking ability, there needs to be consideration that the abuse of alcohol and other substances are contributing factor in the noticeable differences (Jaffe, 2002). Along with substance abuse the adolescent is at significant risk for other problems with the potentiality to have negative personal and social consequences (Ames, et al, 2005).

The consequences of their use can include, "academic failure, social and familial disruption, overdoses, automobile accidents, increased risk for human immunodeficiency virus infection and sexually transmitted diseases, and arrest and incarceration" (Brannigan, Schackman, Falco & Millman, 2004, p. 904). Brannigan, et al. (2004) concluded, "drug and alcohol abuse and dependence are the most prevalent causes of adolescent morbidity and mortality in the United States" (p. 904).

It is believed that adolescents use drugs to cope with stress, boredom and peer pressure, this use interferes with the development of effective ways to cope with stress and dependable

decision making skills (Santrock, 2004). The stress experienced by adolescent substance abusers are many and varied and often interact in a circular manner to escalate drug use and the problems associated with drug use” (Tims, et al., 2002). Adolescents who engage in drug and alcohol use are more likely to continue the pattern of using substances to deal with stress into young adulthood (D’Amico, Ellickson, Collins, Martino, & Klien, 2005; Stenbacka, 2003).

Adolescent substance use and abuse is a complex nature of co-occurring problems, such as, social functioning, more mental health problems, and physical health problems (Tims, et al., 2002). “Drug and alcohol use by adolescents may represent coping responses to societal pressures and deprivations, attempts to find pleasure, or to fit in to peer groups (Tims, et al., 2002, p. 47).

Ross (1994) suggested examining seven signs and symptoms that an adolescent has a substance disorder; is there a change in school performance, a pattern of dishonesty emerging, personality changes, sexual behavior, any psychical or medical conditions or changes, law breaking behavior or a change in the relationship with the family.

When an adolescent finds themselves within the pattern of substance abuse or dependency along with co-occurring problems there is significant chance of lasting harm (Tims, et al., 2002). The earlier the onset of the substance use the more severe the co-occurring problems and substance use is (Gordon, et al., 2004). Winters, Latimer, & Stinchfield (2001) stated “when problems associated with drug involvement are severe and when frequency of habitual and long standing, a substance dependency disorder may emerge” (p.2).

Adolescents in treatment

Lawson (1992) stated, “the only thing more complex than the behavior of someone involved in substance abuse is the behavior of an adolescent” (p.3). Adolescent and adult

substance abusers exhibit many differences with their use (Sweet & Saules, 2003). Adults show physical symptoms and have long histories of substance use, while adolescents are often short-term users with little physical damage that is apparent (Lawson, 1992).

Along with the differences in their use, adolescent treatment requires “much more structure and longer treatment to address not only their chemical dependency issues but also maturation issues that have been interrupted and in some cases, seriously affected by drug use” (Ross, 1994, p. 49).

The field of treatment overall is faced the difficulty of engaging individuals in treatment and the frequency of relapse (Foote, Deluca, Magura, Warner, Grand, Rosenblum & Stahl, 1999). Ross (1994) contends that a “treatment climate should include individual therapy as well as group therapy sessions that openly and honestly discuss basic cultural values and that consistently confront irrational and dysfunctional patterns of thinking” (p. 41).

With the enormous impact that adolescent use and abuse of substances has on the overall life of the adolescent there is an urgent need for available treatment that is effective (Brannigan, et al., 2004). This available treatment that is effective for adolescent substance users must include according to Hawke, Hanne, and Gallione (2005) the adolescent’s active engagement in the therapeutic process and acceptance of their own contributions to problem maintenance and resolution, which in turn will facilitate the recovery process.

Unfortunately, “many adolescents enter treatment because of external pressures and thus lack motivation to change their behavior and engage in treatment”, this external motivation results in recovery not becoming a priority and the lack of engagement in the treatment process (Battjes, Gordon, O’Gardy, Kinlock & Carswell, 2003, p. 221). Which leads to a challenge because “adolescents are notoriously difficult to engage and retain in treatment” (Hawke, et al.,

2005, p. 163). An internal motivation must be established to foster a desire to engage in sobriety and recovery, which will benefit the adolescent substance user throughout their life.

Schell, et al. (2005) advised that exposure to treatment may increase motivation for treatment later in life, establish a belief in the usefulness of treatment, or increase drug-resistance beliefs. There is an increase attention being given to adolescents and their distinctive treatment needs and responses (Battjes, et al., 2003).

For some adolescents who refuse treatment it is due to the fear of potential consequences of their drug use, including legal, family and social (Schwartz & Smith, 2003). It is a challenge when in treatment for adolescents to recognize the problems associated with their substance abuse, even though there may be evidence in numerous areas of their life (Tims, et al., 2002). “Adolescent substance abuse is a complex problem requiring complex responses” (Carver, 2005, p. 23).

Helping the adolescent identify the consequences of their drug use may be beneficial for their overall treatment and essentially their recovery (Battjes, et al., 2003). Their external pressures to enter treatment are not enough to help the adolescent obtain abstinence and develop a recovery program (Schell, et al., 2005). This is where the treatment task is to improve the coping skills of the adolescent that addresses their needs effectively (Tims, et al., 2002). Also, exploring the presence of co-occurring problems and seeking additional services if needed is another important aspect of treatment for adolescents (Tims, et al., 2002).

Hawke, et al. (2005) discovered during their study that there was a lack of attention span and willingness by the adolescents to complete paperwork pertaining to the planning of their treatment. Rosenker (2002) suggested for counselors to utilize the following concepts when working with adolescents in treatment for substance abuse problems; allow the adolescent to

explore all feelings, help them express those feelings, recognize that they are not adults, listen to them, talk with them, avoid power struggles and model aspects of relationships. Ross (1994) suggested that a counselor working with the adolescent population have the ability to “demonstrate a strong stick-to-it-ness, an ability to detach when necessary, and a commitment to stay continual focused on desired outcomes” (p. 150).

Treatment is an important aspect for the recovery process of adolescents with substance abuse disorders because there is a norm that they will relapse soon after completing treatment (Cornelius, Maisto, Pollock, Martin, Salloum, Lynch, & Clark, 2003). Mathew, Georgi, Wilson and Mathew (1996) pointed out that “the Joint Commission on Health Care Organizations mandate focus on the 12 steps and spirituality in substance abuse treatment” (p. 67).

Neff and MacMaster (2005) declared that the concept of spirituality is a critical issue in substance abuse treatment. Once a spiritual connectedness is established Neff and MacMaster (2005) posited that motivation to change, an increase in treatment readiness and a reduction in substance abuse will be observed.

Thus spirituality can play an important role in the treatment and recovery process of adolescents by providing them with a new way to look at their life and substance use, along with providing them with the tools to overcome some of they are faced with and engaging the adolescent in their treatment.

Spirituality

“Spirituality can take many forms” (Kurtz & Ketcham, 1994, p. 2). Kurtz and Ketcham (1994) continued by stating “spirituality involves not just talking about something, not just reading about or considering something, not even just doing something: it involves actually experiencing life in a new way” (p. 159). With this in mind one can contended that spirituality is

difficult to explain and understand. Through the research an understanding can be established through the conceptualization of the concept.

Spirituality can refer “to a deep sense that there exists in the universe a deeper structure of being, a purpose or possibility, or even a divine design” (Khanatzian & Mack, 1994, p. 83). This divine design may be experienced as mysterious, or not readily manifest, but it can be approached or experienced through surrendering one’s egoistic sense of separateness and self-focused strivings” or “the longing for or experience of meaning, purpose, or connection with an unknown reality behind the manifest one and a higher self both within and outside the person” (Khanatzian & Mack, 1994, p.84). This longing can reach a level of spirituality by establishing a deep and intimate relationship with ourselves and all else that surrounds us (Perkinson, 2002).

A sense of purpose leads to a shift from the experience of the universe as a place of coldness, emptiness, and rejection to viewing it as a more positive, even embracing, place to be (Khanatzian & Mack, 1994). “ This shift in perspective is expected to ultimately lead to improved self-acceptance”(Khanatzian & Mack, 1994, p.84). Another aspect of the shift in experience is the recognition that any attempt to be perfect is a human mistake and can be the most tragic mistake that could be made (Sandoz, 2003).

Kurtz and Ketcham (1994) contended that by “seeking to understand our limitations, we seek not only an easing of our pain but an understanding of what it means to hurt and what it means to be healed” (p. 2). “Spirituality helps us first to see, and then to understand, and eventually to accept the imperfection that lies at the very core of our human being” (Kurtz & Ketcham, 1994, p. 2).

Life altering transformations can occur for persons in recovery by embracing a power higher than one’s self resulting in a spiritual journey that leads to sustained abstinence (Green, et

al., 1998). Watkins contended that spirituality “becomes a bridge by which a philosophy of life centered around unmanageability and obsessive control can be built to a philosophy of life in which the individual gives up total control of their life to a higher power” (p. 582).

To promote a spiritual awakening is to first acknowledge the powerlessness that one has over addiction and develop a relationship with a higher power (Green, et al., 1998). Green, et al. (1998) explained this power as having the capability to do that which they themselves had failed to do, initiated a change within them and provided the tools vital in sobriety. This concept of higher power “provides a process for finding meaning in often incomprehensible situations”(Green, et al., 1998).

The idea of Higher Power is to search for a connection and to utilize that connection within your recovery to give up that which you cannot control (Green, et al., 1998). Making a determination regarding problems that are under the individual’s control and those outside of his or her control is the first critical step in managing daily life within recovery, this correlates with the first step in AA to admit we are powerless over alcohol (Green, et al., 1998).

Kurtz and Ketcham (1994) identified five spiritual realities, for the purpose of this research four realities will be discussed: gratitude, release, humility, and tolerance (p. 160). Utilizing these realities one can truly began to understand the concept of spirituality and its usefulness for an individual who is in recovery.

Gratitude

Kurtz and Ketcham (1994) explained gratitude to be the single possible reaction to a gift; they stressed the importance of gratitude being understood in the terms of a reaction to a gift. Gratitude is a response and needs to be responded to as something that freely given (Kurtz &

Ketcham, 1994). Within the realm of addiction gratitude can be defined as being thankful for the gift of sobriety and the chance for recovery (Kurtz & Ketcham, 1994).

Release

Release emerges from telling one's story with the purpose to gain a better understanding about ourselves, through this the sense of letting go is experienced (Kurtz & Ketcham, 1994). This experience usually comes from feeling exhausted and being at the point of giving up and the permission is found to just be. (Kurtz & Ketcham, 1994). The demand for security can inhibit the experience of release (Kurtz & Ketcham, 1994).

The essence of substance dependence is to hold on to some fixed, repetitive, once meaningful but now self-destructive pattern and thus the act of releasing, letting go is essential in the recovery process (Kurtz & Ketcham, 1994). Morrison, et al. (2001) stated for a lasting recovery one must possess an unending willingness to request help when it is needed, this willingness can lead to a spiritual awakening which promotes a continuing process of growth. This can be achieved by utilizing the reality of release.

Humility

By being humble we reject the thinking that it has to be all or nothing and than we truly understand the meaning of humility. Which, is being honest, neither exaggerating nor minimizing but just accepting what is (Kurtz & Ketcham, 1994). It is accepting our imperfections and learning how to live with and even rejoicing in them (Kurtz & Ketcham, 1994). Through this acceptance we understand that mistakes and being imperfect is part of being human (Kurtz & Ketcham, 1994). A growing confidence is achieved as recovering individual experiences the realities of spirituality; through his confidence a sense of humility is also experienced (Morrison, et al., 2001). Through this humility one realizes "that they are part of a

greater whole in which the credit for accomplishments often needs to be shared” (Morrison, et al, 2001, p. 233).

Tolerance

Tolerance can be explained as the “active appreciation of the richness and variety of human beings on this earth, along with the understanding that we all struggle with the same demons, we all share the same fears and sorrows, we all do the best we can with what we have” (Kurtz & Ketcham, 1994, p. 199). By accepting and respecting the likeness and difference in those that are around us we are displaying tolerance (Kurtz & Ketcham, 1994).

Spirituality vs. Religion

Morell (1996) contended, “the lack of appreciation for the spiritual emphasis in recovery programs is based on connection of the term spirituality to organized religion and theology”(p.309). The references found in the Big book of Alcoholics Anonymous to God does not necessarily mean that traditional religion is the foundation of the spiritual experience of AA or life but can be used as a reference point for establishing spiritual concepts (Watkins, 1997).

Matthew, et al. (1995) noted that the spiritual orientation of AA is different from religion because “spirituality does not include a common personal God, does not have an organizational structure, and does not have standard prayers or other rituals” (p. 470). “Religion connotes boundaries, while spirituality’s borders seem haphazard and ill-defined” (Kurtz & Ketcham, 1994, p. 23). The language of spirituality gives a sense of fluidness, while religion gives the sense of a solid language (Kurtz & Ketcham, 1994).

Spirituality in Recovery

Arnold, Avants, Margolin and Marcotte (2002) found two primary themes regarding spirituality within there research of individuals with a chemical dependency: spirituality as a

source of personal strength/protector of self and spirituality as altruism/protector of others.

Pardini, Plante, Sherman, and Stump (1999) shared that there has been a positive link found between spirituality and positive mental and physical health outcomes. “For many Alcoholics who participate in the Alcoholics Anonymous (AA) program, spirituality is the foundation upon which their sobriety is founded” (Watkins, 1997, p.581).

“Spirituality can provide the recovering alcoholic an opportunity to cultivate a lifestyle in which their character development often far exceeds all their expectations” (Watkins, 1997, p. 581). They are provided “with an optimistic life orientation, greater social support, and a buffering against stress and negative emotionality” (Pardini, et al., 1999, p. 348). Spirituality is an essential part of substance abuse treatment programs (Mathew, et al., 1996). “Spirituality can inspire and sustain people to move beyond external and internalized oppression (Morell, 1996, p. 309).

Spirituality comes into existence through the internalization of powerlessness, which is a complete acceptance to humble oneself to their addiction (Watkins, 1997). Through the acceptance of powerlessness the recovering addict is given the “opportunity to take some of the pressure off of them, because they no longer have to control every aspect of their addiction” (Watkins, 1997, p. 582). For those who view their addiction as a moral failure, rather than as a disease, see their failure to control drinking or using drugs as a character weakness (Watkins, 1997).

Watkins (1997) continued to state, “this is the beginning of establishing a sense of hope in an otherwise hopeless situation” (p. 582), and resulting in the realization that one's life can become sane, productive, serene and manageable. The spiritual foundation is nurtured through one day at a time practice in the addict's life (Watkins, 1997). The hope of spirituality within the

adolescent population is to “help them find positive principles and develop the confidence to follow those principles” (Morrison, et al., 2001, p. 232).

Spirituality of Adolescents in Recovery

Morrison, et al. (2001) noted, “the spiritual component of recovery is an important, often overlooked, and usually misunderstood aspect of the treatment effort (p. 229). The continued by stating “this is especially true in the treatment of substance-abusing adolescents” (Morrison, et al., p. 229). Ross (1994) supported this thought by sharing that “experience has indicated that most recovering teenagers are very confused about this issue and for the most part, have either denounced the idea of a higher power or feel guilty and ashamed to develop a relationship with a higher power” (p.48).

“Spirituality may be especially important in the adolescent search for self-awareness, meaning, and life purpose”, this importance though and the role that it plays is a complicated issue (Davis, 2004, p.4). The importance of spirituality is voiced by Elkind (1998) who stated “a spiritual awakening, a sense of wonder at the miracles of life and nature and of awe at the power of human goodness and depravity of human evil, provide young people with a broader perspective on life as a whole” (p.264).

Morrison, et al. (2001) found “most if not all substance-abusing adolescents enter treatment with very distorted views of spirituality” thus the conceptual clarification of spirituality within a treatment setting is crucial for their recovery (p. 231). The internalization of spirituality will increase the probability that the adolescent will have a lasting recovery (Morrison, et al., 2001).

Through the conceptual clarification of spirituality with an adolescent chemical dependency group the stage is being set for them to experience a spiritual awakening, that includes release, humility, gratitude, along with being honesty (Morrison, et al., 2001).

Spirituality clarification in a group setting

Group work with adolescent provides a venue for adolescents gain the ability to value the self and others, as well as to relate to others in a positive and responsible manner (Shaw, 1992). Shaw (1992) continued to address this issue stating, “through group therapy, adolescent substance abusers may experience successes that will lead to a sense of self-confidence and self-respect” (p. 125).

One can conclude that the conceptual clarification of spirituality within a group of adolescents is beneficial in that they will be able to gain from their peers what they may not gain from an authority figure. Morrison, et al. (2001) promoted a group experience of spirituality as the only way that spirituality can be taught, which is supported by Perkinson (2002) who contends that “spirituality groups should be conducted every week” (p. 86).

The spiritual awakening that can be shared by another group member to the adolescents will foster a curiosity within the adolescent who has never experienced this type of serenity and calmness (Morrison, et al., 2001). In a group setting that has unconditional acceptance adolescent group members can freely explore their own concepts of spirituality (Perkinson, 2002).

Method

This researcher reviewed the literature pertaining to substance abuse, adolescents and spirituality. Through this research a concept clarification series was developed regarding spirituality for an adolescent intensive outpatient group at a treatment facility.

Treatment facility

The treatment facility is located in Western, New York State. Since 1985, they have been committed to helping their clients and their families overcome and deal with substance abuse and addiction. They are guided by an intense dedication to their clients' success, which they believe is enhanced by a non-confrontational, empathetic and patient approach to their circumstances and recovery. It is their goal to provide high quality, innovative and comprehensive treatment by a multi-disciplinary team to those affected by chemical abuse and dependence and mental illness in a caring, empathetic and professional manner, by assessing clients in a manner that helps them develop a life plan which is satisfying, effective, and in concert with their ability and talent.

At the treatment facilitate all treatment planning centers around areas of substance abuse, emotional/mental well-being, family issues, legal status, educational/vocational issues, financial concerns and social supports. These areas are explored within group and individual therapy sessions.

In 2005 there were 528 new admissions and they provided 10,847 units of service, this includes individual and group sessions. In 2005 they served 334 females and 519 males, ranging from the age of 14 to over 55. They are above the median in comparison to similar treatment facilities with female admissions.

The treatment facility only accepts commercial insurance, so this excludes the lower income population within the area. In comparison with similar agencies in the area the treatment facility is above the median average of clients who are employed, high school graduates, have higher incomes, and significant others participating in treatment.

The treatment facility is below the median average compared to similar treatment facilities in the area with admissions of individuals who identify as another race besides Caucasian and criminal justice involvement at admission.

Adolescent Intensive Outpatient Group

The purpose of the Adolescent Intensive Outpatient Group is to provide participants with information leading to the understanding of Chemical Dependency as a disease. The program is intended to begin the separation from one's substance using lifestyle, and to bring about developing changes that led to a sober and healthy lifestyle. The work is to empower both the client and their family to make positive lifestyle changes.

The criteria to be admitted to the adolescent intensive outpatient group is as follows: a chemical dependency diagnosis, between the ages of 13 to 18, have a chemical dependency assessment and demonstrate a willingness to abstain from the use of mood altering chemicals.

Sample

The group consisted of five adolescents, one female and three males. All five adolescents were diagnosed with a substance dependency. The substance of choice for the five adolescents was cannabis. Two of the adolescents were mandated to treatment through the court and one came willingly to treatment based on internal motivators. The other group member was encouraged by his lawyer to engage in treatment to assist him with a legal issue that is still awaiting sentence. Their ages are 16, 17, 17 and 18 years old.

The sample consisted of one adolescent who received treatment in the past and the other three reporting no chemical dependency treatment in the past. One participant is diagnosed with attention deficient disorder. There is some form of past or present family conflict or trauma with each participant.

Participants were given the choice whether or not to complete the pre and posttest. They were required as part of their treatment to participate in the sessions regarding the conceptual clarification of spirituality, which include the four sessions of conceptual clarification and the creativity tasks.

The group met three times a week for two hours. Each group member was required to attend a minimum of eight weeks of group, attend weekly support groups, such as Alcoholics Anonymous, complete a first step assignment, complete and present to the group a twenty consequences assignment and participate in random urine screens.

Evaluation

The pre and post test was composed utilizing questions from Kass's (1991) INSPIRIT questionnaire and questions from the Multidimensional Measurement of Religiousness/Spirituality for use in Health Research developed by the Fetzer Organization (2003). The questions were multiple choices, except for the last two questions, which were open questions (see Appendix A for questionnaire used).

The purpose of the pre and post test was to measure if there was an increase in the responses given after the conceptual clarification toward a positive spiritual understanding and acceptance. The INSPIRIT questionnaire is reported to bring the participant to a greater level of self-awareness regarding their spirituality.

The validity and reliability of the questionnaire that were used is null and void due to the nature that the researcher utilized the questions. Only five questions were used from each questionnaire.

The questionnaire was developed to evaluate the participants' awareness of spirituality within themselves, along with some of the realities of spirituality, gratitude, release, tolerance,

and humility that were presented in the conceptual clarification. The concept of an inner peace, purpose in life, satisfaction with their present life, level of regret, the concept of a higher power, and if there is a level of acceptance within their life was also evaluated. The questionnaire measured the participants' extent to how they view themselves spirituality. The participants' were asked to share their definition of spirituality and what they see as the differences between religion and spirituality.

Procedure

The concepts of release, gratitude, humility and tolerance as identified by Earnest Kurtz were utilized in the conceptual clarification of spirituality with the adolescents (see Appendix B for an outline of the conceptual clarification sessions), along with a creativity task, the discussion of the differences between religion and spirituality and a presentation regarding the balancing of one's life utilizing spirituality.

An hour of the group time was utilized to discuss the conceptual clarification of spirituality. The remaining hour was utilized for check ins, to explore any issues within the adolescents life that they wanted to explore with the group and any assignments that were due to be presented to the group.

The statements of informed consent were gathered during parent night a group meeting before the conceptual clarification sessions began. This was to ensure that the consent were signed and returned (see Appendix C for a copy of the informed consent that was used for this research project).

Results

The results of the conceptual clarification session's affect on the subjects of the research project gaining a clearer understanding of the concept of spirituality and what it means for them

was obtained by utilizing the pre and post test. The difference between the post and pre test was obtained by giving each response from question 1-10 on the pre and posttests a numerical value, starting from 0 for the response that denotes the least understanding of spirituality up to the response that denotes the highest-level understanding of spirituality.

Each numerical value was added up for each question to gain an overall level of understanding regarding the concept of spirituality for the group. Questions 11 and 12 are subjectively measured noting if there was a response on the pre test and in increase in responses on the posttest (see Table 1). Each question will be presented below along with the responses from the pre and posttest, along with the change that was noted

Question one on the questionnaire was “I feel a deep inner peace or harmony”, with the choices for a response being: a) many times a day; b) every day; c) most days; d) some days; e) once in a while; or f) never or almost never. On the pre test there was one response for some days, two responses for once in a while and one response for never or almost never. On the post test there was one response for some days, two responses for every day and one response for never or almost never. Two subjects responses changed to show an increase in feeling a deep inner peace or harmony from once in a while to every day.

Question two on the questionnaire was “ I think about how my life is part of a larger spiritual force”, with the choices for a response being: a) a great deal; b) quite a bit; c) somewhat, and d) not at all. On the pre test there was one response for quite a bit, one response for somewhat and two responses for not at all. On the post test there was one response for somewhat and three responses for not at all. Overall there was a decrease in the responses reflecting that the subjects think about their life as part of a larger spiritual force.

Question three on the questionnaire was “To what extent do you consider yourself a spiritual person” with the choices for a response being: a) very spiritual; b) moderately spiritual; c) slightly spiritual; and d) not spiritual at all. On the pre test there was two responses for slightly spiritual and two responses for not spiritual at all. On the post test there was two responses for moderately spiritual and two responses for not spiritual at all. For two of the subjects there was a change in the way that they viewed themselves as spiritual individuals from slightly to moderate.

Question four on the questionnaire was “The events in my life unfold according to a divine or greater plan with the choices for a response being: a) strongly agree; b) agree, c) disagree; and d) strongly disagree. On the pre test there was three responses for agree and one response for disagree. On the post test there was two responses for agree, one for disagree and one for strongly disagree. Two of the subjects’ belief in a divine or greater plan decreased after the conceptual clarification sessions from agree and disagree to disagree and strongly disagree.

Question five on the questionnaire was “I have a sense of mission or calling in my own life” with the choices for a response being: a) strongly agree; b) agree; c) disagree and d) strongly disagree. On the pre test there was three responses for agree and one for disagree. On the post test there was two responses for agree, one for disagree and one for strongly disagree. There was a change in the responses from three subjects agreeing that they have a sense of mission or calling in their life and to two agreeing. The other two subjects responded disagree and strongly disagree.

Question six on the questionnaire was “When I think deeply about my life” with the choices for a response being: a) I do not feel there is a purpose to it or b) I feel that there is a purpose to it. On the pre test there was three I feel there is a purpose to it and one response that did not fall into the choices; “I don’t know yet”. On the post test there was four choices for I feel

there is a purpose to it. After the conceptual clarification all subjects responded in a manner that suggested that they feel there is a purpose to their life.

Question seven on the questionnaire was “My present life” with the choices for a response being: a) does not satisfy me or b) satisfies me. On the pre test there was two responses for does not satisfy me and two responses for satisfies me. On the post test there was one response for does not satisfy me, one for satisfies me and a written response of in between. After the conceptual clarification the subjects responded in a manner that suggested that one subject found an increase satisfaction in their life.

Question eight on the questionnaire was “I feel trapped by the circumstances of my life” with the choices for a response being: a) strongly agree or b) disagree strongly. On the pre test there was three responses for strongly agree and one for disagree strongly. On the posttest there was one for disagree strongly, two for strongly agree and one written response of somewhat. After the conceptual clarification the subjects responded in a manner that suggested that there was no difference for three of the subjects regarding the way in which they feel about their life circumstances and that one went from strongly agree to somewhat.

Question nine on the questionnaire was “When I think about my past” with the choices for a response being: a) I feel many regrets or b) I feel no regrets. On the pre test there was three responses for I feel no regrets and one for I feel many regrets. On the post test there was three responses for I feel no regrets and one written response of some regrets. After the conceptual clarification the subjects responded in a way that suggested that there was no change in the way they perceived their past.

Question ten on the questionnaire was “I wish I were different than who I am” with the choices for a response being: a) agree or b) disagree. On the pre test there was four responses for

disagree. On the post test there was four choices for disagree. After the conceptual clarification the subjects responded in a way that suggested that there was no change in they way that they viewed themselves in regards to wishing to be different.

Question eleven on the questionnaire was a request for the participants to share their definition of spirituality. There were three responses on the pre test and two responses on the posttest. The responses on the pre test were: “It’s finding whose really inside of you”; “Spirituality is the way one person or many feel about their life and the direction of their life. Also, their certain beliefs about life” and “Believing in God”. The responses on the post test where: “Spirituality is how you feel inner peace when relating to a higher power; “Spirituality is an individual’s point of view” and a response of “I don’t know what it means”. The results indicated that the adolescents had a strong sense of the definition of spirituality.

Question twelve on the questionnaire was a request for the participants to share their understanding of the differences between religion and spirituality. On the pre test there was two responses and on the post test there was three responses. The responses on the pre test were: “Religion can help guide spirituality, but spirituality comes from within”; “Religion is practice of something, spirituality is more of a belief”, and an “I don’t know” response. The responses on the posttest were: “Spirituality equals individuality and religion equals a set practice”; Religion equals god and spirituality is not god” and religion is a set pattern of beliefs and spirituality”. There was one response on the posttest of “I don’t know”. The results suggested that the adolescents had a strong sense of the difference between spirituality and religion.

Table 1

Question	Pre test score	Post test score	Difference
1	4	8	+4
2	3	1	-2
3	2	4	+2
4	7	4	-3
5	7	5	-2
6	3	4	+1
7	2	5	+3
8	1	2	+1
9	3	5	+2
10	0	4	+4
11	3	2	-1
12	2	3	+1

Discussion

Spirituality is a fundamental aspect of the recovery process and is an essential part of an adolescent's recovery. Mathew, et al., (1996) stated that there was very little information regarding the relationship between spirituality and recovery available at that time, including the concept of spirituality itself, which breeds a lot of uncertainty. The researcher found that at the time of this research project there was limited information regarding the concept of spirituality and recovery, even though it has been contended that it is an essential aspect of recovery.

*The conceptual clarification sessions**Session one*

Session one began with the administration of the pre test, once completed the conceptual clarification of spirituality began. A brief introduction and outline of what the adolescents can expect during the sessions of the research project was provided.

The researcher inquired if each individual group member found himself or herself to be religious or spiritual. Two of the group members answered neither, one answered mix and the last answered yes. To begin the adolescents were asked to define spirituality and religion. The definitions they were able to identify were placed on a dry erase board.

The adolescents were able to identify that the term religion meant to them: a set pattern of beliefs, more of a practice, helps guide spirituality, belief in a higher power, concrete beliefs and ideas, and what others have made it to be.

The adolescents were able to identify that the term spirituality meant to them: belief in a higher power, something besides god, has no boundaries, individualistic, find yourself on a deeper level, what you make it to be, and being open-minded.

Once this was completed a discussion of the differences and similarities was conducted utilizing what was written on the dry erase board. The researcher gave an overview of the definitions provided by the adolescents and provided information that the researcher had to add to their definitions. This overview included a discussion of how spirituality relates to health, that spirituality involves more than just talk about something, that spirituality teaches to deal with failure and that it takes many forms.

The overview continued by summarizing that spirituality is fluid and religion is more of a solid idea. This was explained further by stating that spirituality has no boundaries and religion

does. The research also shared with the group that spirituality was developed to express the opposite of materialism.

Through the discussion and the pre and posttest one can conclude that two of the participants had an understanding of the concept of spirituality and how it differs from religion. As noted by Morrison (2001) the group experience of spirituality is the only way that spirituality can be taught, thus the conclusion stated previously that conceptual clarification of spirituality within a group of adolescents is beneficial in that they will be able to gain from their peers what they may not gain from an authority figure can be attested through this example. The two adolescents who had an awareness of spirituality and religion through their sharing promoted the other adolescents to share and think of what the concepts meant to them.

The adolescents had possessed an understanding of the difference between religion and spirituality. As noted by Morrison et al (2001) there needs to be a clear distinction between religion and spirituality, which was established already in the adolescents and reinforced by the further discussion.

The conceptual clarification of spirituality continued by sharing with the group that Ernest Kurtz, a well know individual within the organization of Alcoholics Anonymous, developed realities to explain the spirituality of imperfection. This researcher shared with the group that four of these realities would be utilized during the conceptual clarification of spirituality. These four realities are: humility, gratitude, tolerance, and release.

Time allowing the conceptual clarification of spirituality continued with the discussion of the reality release. This researcher inquired if the group could identify what the term release meant. One group member was able to identify “letting go” as a way to define release. This researcher shared with the group members that Kurtz believed that the term release meant letting

the truth about ourselves be shared with those around us by sharing our story including thoughts and feelings.

This researcher expanded on that by sharing with the group that by discovering the reality of release the enable themselves to achieve the feeling of having a weight lifted off from them. A discussion surrounding the importance of letting go of something that is bothering us or is on our minds with someone we trust, so that we can free ourselves of it, gain support and receive feedback.

This researcher inquired on if the group members could identify how honest and open they were during their group sessions. All four-group members answered in the high percentages, 80 percent and above. Three of the group members stated that they could identify someone in their life that they could be honest and open with, someone that they could go to when they have something that they need to “release”. One group member stated that the group was his way to release and to share himself with others.

Next, the group was presented with the following statement: the essence of addiction is to cling to some fixed, repetitive, once meaningful but now self-destructive pattern. This researcher repeated the statement and expanded by sharing with the adolescents that their substance use provided them with something meaningful and that that use has brought them to treatment, which this researcher assumes was some type of destructive situation to result in treatment being an option. This researcher continued by sharing with the group that by the act of releasing themselves they could also release themselves from their addiction.

The group did not agree completely with this statement. They recognized that they are in treatment due to the result of their drug use, but felt that the statement was a strong statement to compare to their addiction. One group member stated that he found his drug use to be a release

for him. The group discussed other ways in which they can utilize the reality of release in their recovery besides speaking with someone and using drugs to do so. The group was able to identify listening to music, go for walks, and mediating. The suggestion of journaling or some form of written expression was given.

Session two

Session two started with a review of last session. This researcher requested that the adolescents share what they remember from what was present the last group. The adolescents remembered that there was a guy who developed ideas. After some prompting the adolescents were able to share the identified differences between spirituality and religion by the group.

The researcher shared with the group that after reflecting about the first session the researcher was interested in hearing more about the using of drugs as a release. The group members shared that their drug use would help them forget what else was going on. The researcher validated this thought and encouraged the adolescents to see the consequences of their use in relation to them being in treatment. A review of positive ways to release was provided.

The second session continued with the discussion of gratitude, humility and tolerance. The adolescents were less engaged this session and were not as forth coming with comments. The conceptual clarification of these three realities continued despite the lack of participation.

Gratitude was explained as being seeing gifts in ones life and being truly thankful for them. The adolescents were asked to share what they are thankful for. This information was written on a board. Family, a lawyer, life, health, education, grandmother, friends, support, license, car, housing, and a second chance in life were given as aspects of their life that they are thankful for.

Humility was explained as the acceptance of being human and making mistakes. It was further shared that being honest is an important part of being humble. When we are humble we do not exaggerate nor minimized situations but accept them.

The adolescents were presented with the request to complete a required creativity tasks to produce an expression of their understanding of spirituality and what it means to them. It was explained that the creativity tasks was being requested based on the belief that in order to understand spirituality one must first be able to imagine such a life and to form a mental picture of what it might look and feel like. Suggestions were given as to what the creativity could be, a poem, song, collage or a personal item.

The adolescents were unsure exactly what the tasks should be, at that time one of the adolescent's phones rang with the tune of a popular rap song. One of the other adolescents in the group, who had a disengagement posture throughout the group, sat up and started to rap the lyrics of the song. It was pointed out to the other adolescents the connection between the group members reaction to the song and spirituality.

It was shared that the song brought about liveliness in the group member and one can conclude that the song meant something to him. Brought about a sense of excitement and connection. It was explained that this is what the basis of spirituality is, having a connection with something that brings us out of ourselves into the world. Something we believe in that helps us through our day.

At that time a discussion of the adolescent plans for the upcoming weekend was discussed and the group ended.

Session three

Session three began with a short overview of what has been presented thus far. At that time it was requested that the adolescents present their creativity tasks of spirituality. Three of the group members forgot and it was requested that they bring them at the next session. It was inquired if they were having difficulty formulating a creative presentation of their understanding of spirituality. They responded that they had just forgot and declined further explanation of the task.

The one group member that did bring in a creativity task, presented a \$20 bill. The group member explained that it was important to him. It was asked of the other group members if they had any thoughts regarding the creativity task that was presented. One group member stated that the opposite of spirituality is materialism and that money represents materialism.

The session continued with a presentation of the concept of addiction vs. recovery in the form of pie charts (see Appendix D for a visual presentation). The addiction vs. recovery pie is a visual tool to show the manner in which addiction can encompass most of your life, in regards to your thoughts, feelings, attitudes, beliefs and behavior. Another pie was drawn to show a balancing of your life with the focus on the physical, emotional, mental and spiritual aspects. It was explained that the concept of recovery is finding a balance within these four areas and focusing your thoughts, feelings, attitudes, beliefs and behaviors within these four areas versus the small part when someone is in their addiction.

After the explanation regarding the addiction vs. recovery pies was given, it was requested that they draw what their addiction vs. recovery pies look like to the group. Two of the adolescents indicated via their pie for addiction that their use of cannabis was their whole life. The other two adolescents indicated via their pie that their cannabis use was a portion of their

pie, about 80% of the pie. With their recovery pies the balancing of the four areas of life varied among the adolescents. It was pointed out to them the importance of spirituality within their life to assist them with finding a balance.

Session four

Session four began with the request for the adolescents who did not present their creativity tasks to do so. One of the adolescents did not complete the creativity tasks. The other two adolescents who still had to present their creativity tasks presented a poem and a cross.

The remaining time was spent discussing what was already presented and inquiring if there was any aspect of the concept clarification that they would like presented and discussed again. They responded no. One adolescent stated that he did not understand the whole concept. This researcher related the concept of spirituality to his love of basketball and how basketball is a release for him. This researcher shared that spirituality is a release for those who utilize it; it is an avenue to take away the feelings that are overwhelming. The posttest was administered at this time.

Summary of the sessions and findings

As noted earlier by Dennis et al. (2002) and proven in this research project, spirituality is a difficult abstract term for adolescents to understand. The repetitive discussion of the key elements was essential to the learning process, yet did not yield a complete understanding of the concept of spirituality.

There was a slight increase in the sense of a deep inner peace or harmony, a sense of purpose in life, satisfaction with their present life, living with no regrets, and an acceptance of themselves. All of these increases, yet small, indicated an increased awareness of having a sense of spirituality that includes forgiveness and acceptance. Also, regarding the extent to which the

adolescents consider themselves a spiritual person showed through the pre and posttest as increasing slightly.

The concept of a higher power is an essential aspect of spirituality and recovery, yet the conceptual clarification session failed to show an increase in awareness or understanding of this aspect of spirituality. The adolescents were able to show the concept of powerlessness and unmanageability regarding their substance use through the addiction/recovery pies, which shows some sense of an understanding of a higher power, probably not to their awareness though.

Limitations

The number of subjects was a limitation in this research project. It is unclear statistically if the conceptual clarification of the term spirituality was beneficial overall and if the clarification increased the overall understanding of spirituality for the subjects.

Another limitation was the limited time that the researcher had to develop the conceptual clarification sessions, with more time a more detailed, understandable presentation could have been developed. This is discussed further in the implications for further research. Being that the questionnaire utilized for the pre and post measure was not established is another limitation. With more of an established measurement the results may have more of a significant meaning and a greater understanding regarding the concept of spirituality in the recovery of adolescents may be determined.

The concept of spirituality and the age of the sample were limitation in this research project due to the nature of what they are. Spirituality is a difficult term to understand and implement into everyday life experiences. Adolescence cognitive ability to understand such an abstract term is questionable.

Implications for future research

It was found that during the second session the adolescents were less talkative and forthcoming with sharing. This could be contributed to session two being held on the third night of group and close to the weekend. It could also be the content being discussed and the difficulty of understanding the information. It could also be the difficulty with relating the information with the adolescents and their world. With this in mind the researcher suggest for future sessions that the timing of the session in accordance to the adolescents life, how many session they have already had of group, the end of the school week and the anticipation of the weekend into account.

This researcher also suggests taking the realities identified by Kurtz and striving to formulate a clearer way to present the ideas to relate with the adolescents more on their level. In the future more exercises could be developed to achieve this. The participants within the research project suggested more hands on activities to assist in their understanding of spirituality.

The utilization of the addiction vs. recovery pies in future research is a key component to the understanding of finding a balance recovery with the inclusion of spirituality. In the future it may be useful to include spirituality within the whole treatment phase, and request a discussion of the balancing of the four areas in the beginning and the end of treatment.

It is found that repetition is best with the adolescent population. It is this researchers suggestion that substance abuse treatment centers for adolescents include the concept of spirituality on a regular basis. This was evident regarding the discussion of the difference between spirituality and religion. Even though the adolescents had an understanding of the concepts the discussion and repetition confirmed their understanding.

Another implication for future research is to expand and discuss more the concept of a higher power and all the encompass that thought in regards to spirituality and recovery. For the adolescents within the current research project it was a concept that did not show significant change from the pre and posttest. This researcher is assuming that this is due to the limited discussion regarding the concept.

In reviewing the presentation of the sessions, it is clear to this researcher that the discussion that took place was a starting point for the adolescents to explore the concept of spirituality and what it meant to them. It is evident that there was participation on the part of the adolescents and an interest in spirituality was present. As the adolescents continue on their path of recovery they have been exposed to a very important aspect of that journey and hopefully, for that alone this research has important implications.

The results and importance of this research project have a more indirect connotation that can be found in an empowering thought from Elkind (1998) regarding spirituality and adolescence:

A sense of spirituality, of something greater than ourselves, is all-important for contemporary adolescents. Vanishing markers, family permutations, and inhospitable schools have taken away many of the supports young people need to attain an integrated sense of self and identity and have contributed to the increase in patchwork selves and to the new morbidity. When we behave as adults, set limits and standards, and operate on the basis of principle and not emotion, we are acting spiritually. In so doing we let young people know that there is a place for human values in postmodern society; and, most importantly, that there is a place for them as well (p.265).

References

- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of mental Disorders* (4th ed.; text revision). Washington, DC: Author.
- Adams, G., Cantwell, A., & Matheis, S. (2002). Substance use and adolescence. In C. A. Essau (Ed.), *Substance Abuse and dependence in adolescence: Epidemiology, risk factors and treatment* (p.1-20). New York, NY: Taylor & Francis, Inc.
- Ames, S.L, Sussman, S., Dent, C.W., & Stacy, A.W. (2005). Implicit cognition and dissociative experiences as predictors of adolescent substance use. *American Journal of drug and Alcohol Abuse*, 31(1), 129-163.
- Arnold, R.M., Avants, S.K., Margolin, A., & Marcotte, D., (2002). Patient attitudes concerning the inclusion of spirituality into addiction treatment. *Journal of Substance Abuse Treatment*, 23, 319-326.
- Ball, S.A., & Legow, N.E., (1996). Attachment theory as a working model for the therapist transitioning from early to later recovery substance abuse treatment. *American Journal of Drug and Alcohol Abuse*, 22(4), 533-548.
- Battjes, R. J., Gordon, M.S., O'Grady, K.E., Kinlock T.W., & Carswell, M.A. (2003). Factors that predict adolescent motivation for substance abuse treatment. *Journal of Substance Abuse Treatment*, 24, 221-232.
- Bell, R. (1994). Determinants of hospital-based substance abuse treatment programs. *Hospital & Health Services Administration*, 39(1), 93-103.
- Brannigan, R., Schackman, B.R., Falco, M., & Millman, R.B., (2004). The quality of highly regarded adolescent substance abuse treatment programs. *Archives of Pediatrics and Adolescent Medicine*, 158, 904-909.

- Brown, R.T. (2002). Risk factors for substance abuse in adolescents. *The Pediatric Clinics of North America*, 49, 247-255.
- Carver, D. (2005). Adolescent drug abuse: Why family therapists are becoming counselor of choice. *Addiction Professional*, 3(6), 22-30.
- Cornelius, J.R., Maisto, S.A., Pollock, N.K., Martin, C.S., Salloum, I.M., Lynch, K.G., & Clark, D.B., (2003). Rapid relapse generally follows treatment for substance use disorders among adolescents. *Addictive Behaviors*, 28, 381-386.
- D'Amico, E.J., Ellickson, P.L., Collins, R.L., Martino, S., & Klein, D.J., (2005). Processes linking adolescents problems to substance-use problems in late young adulthood. *Journal of Studies on Alcohol*, 66(6), 766-776.
- Davis, M.T., (2004). Spirituality in adolescent decision to use drugs: A review of the literature and theory. *Brandeis Graduate Journal*, 2, Retrieved February 25, 2006, from <http://www.brandeis.edu/gradjournal>.
- Dennis, M., Titus, J.C., Diamond, G., Donaldson, J., Godley, S.H., & Tims, F.M., et al. (2002). The cannabis youth treatment (CYT) experiment: Rationale, study design and analysis plans. *Addictions*, 97(1), 16-34.
- Elkind, D. (1998). All grown up and no place to go: Teenagers in crisis. Cambridge, MA: Perseus Books
- Evans, W.N., (1998). Assessment and diagnosis of the substance use disorders (SUDS). *Journal of Counseling and Development*, 76(3), 325-334.
- Foote, J., DeLuca, A., Magura, S., Warner, A., Grand, A., Rosenbum, A., & Stahl, S., (1999). A group motivational treatment for chemical dependency. *Journal of Substance Abuse Treatment*, 17(3), 181-192.

- Gladding, S. (2000). *Counseling: A Comprehensive Profession*. (4th ed.). Upper Saddle River, NJ: Prentice-Hall, Inc.
- Gordon, M.S., Kinlock, T.W., & Battjes, R.J., (2004). Correlates of early substance use and crime among adolescents entering outpatient substance abuse treatment. *American Journal of Drug and Alcohol Abuse*, 30(1), 39-60.
- Green, L.L., Fullilove, M.T., & Fullilove, R.E. (1998). Stories of spiritual awakening: The nature of spirituality in recovery. *Journal of Substance Abuse Treatment*, 15(4), 325-331.
- Hawke, J.M., Hennen, J., & Gallione, P. (2005). Correlates of therapeutic involvement among adolescents in residential drug treatment. *American Journal of Drug and Alcohol Abuse*, 31(1), 163-178.
- Jaffe, S.L. (2002). Treatment and relapse prevention for adolescent substance abuse. *The Pediatric Clinics of North America*, 49, 345-352.
- Khantizian, E.J. & Mack, J.E. (1994). How AA works and why it's important for clinicians to understand. *Journal of Substance Abuse Treatment*, 11, 77-92.
- Kurtz, E., & Katcham, K., (1994). *The spirituality of imperfection: Storytelling and the search for meaning*. New York: Batman Books.
- Lawson, G.W. (1992). A biopsychosocial model of adolescent substance abuse. In G.W. Lawson & A.W. Lawson (Eds.), *Adolescent Substance Abuse: Etiology, Treatment, and Prevention* (pp.3-10). Gaithersburg, MD: Aspen Publication.
- Mainous, R.O., Mainous III, A.G., Marin, C.A., Oler, M.J., & Hane, A.S. (2001). The Importance of fulfilling unmet needs of rural and urban adolescents with substance abuse. *Journal of Child and Adolescent Psychiatric Nursing*, 14(1), 32-40.

- Mathew, R.J., Georgi, J., Wilson, W.H., & Mathew, V.G., (1996). A retrospective study of the concept of spirituality as understood by recovering individuals. *Journal of Substance Abuse Treatment, 13*(1), 67-73.
- Matthew, R.J., Mathew, V.G., Wilson, W.H., & Gerorgi, J., (1995). Measurement of materialism and spiritualism in substance abuse research. *Journal of Studies on Alcohol, 470-475*.
- Morell, C. (1996). Radicalizing recovery: Addiction, spirituality, and politics. *Social Work, 41*(3), 306-312.
- Morrison, M.A., Hoffman, N.G., DeHart, S.S., Estroff, T.W., and King, P. (2001). Spirituality. In T.W.Estroff (Ed.). *Manual of adolescent substance abuse treatment*. (pp.229-233). Washington, DC: American Psychiatric Association.
- Neff, J.A., & MacMaster, S.A., (2005). Applying behavior change models to understand spiritual mechanisms underlying change in substance abuse treatment. *American Journal of Drug and Alcohol Abuse, 31*(4), 669-685.
- Pardini, D.A., Plane, T.G., Sherman, A., & Stump, J.E, (1999). Religious faith and spirituality in substance abuse recovery determining the mental health benefits. *Journal of Substance Abuse Treatment, 19*, 347-354.
- Perkinson, R. R. (2002). *Chemical dependency counseling: A practical guide*. (2nd ed). Thousand Oaks, CA: Sage Publications Inc.
- Rosenker, D.C., (2002). *Adolescent substance abuse: Tools counselors can use*. Behavioral Healthcare Tomorrow, *11*(5), 27-28.
- Ross, G.R. (1994). *Treating adolescent substance abuse: Understanding the fundamental elements*. Needham Heights, MA: Allyn and Bacon.

- Sandoz, J. (2003). Understanding the Spirituality of Imperfection (Addiction and Recovery). *Annals of the American Psychotherapy Association*, 6(3), 40-41.
- Santrock, J.W. (2004). Life-Span Development. 9th ed. McGraw-Hill Corporation: New York, NY.
- Schell, T.L., Orlando, M., & Morral, A.R., (2005). Dynamic effects among patients' treatment needs, beliefs, and utilization: A prospective study of adolescents in drug treatment. *Health Services Research*, 40(4), 1128-1148.
- Schwartz, R.C., & Smith, S.D., (2003). Screening and assessing adolescent substance abuse: A primer for counselors. *Journal of Addictions & Offender Counseling*, 24, 23-34.
- Shaw, S., (1992). Group psychotherapy with adolescents. In G.W. Lawson & A.W. Lawson (Eds.). *Adolescent Substance Abuse: Etiology, Treatment, and Prevention*. (pp.121-130). Gaithersburg, MD: Aspen Publication.
- Stenbacka, M. (2003). Problematic alcohol and cannabis use in adolescence-risk of serious adult substance abuse? *Drug and Alcohol Review*, 22, 277-286.
- Stevens-Smith, P., & Smith, R.L. (1998). *Substance abuse counseling: Theory and practice*. Upper Saddle River, NJ: Merrill/Prentice Hall.
- Sweet, R.I., & Saules, K.K. (2003). Validity of the substance abuse subtle screening inventory-adolescent version (SASSI-A). *Journal of Substance Abuse Treatment*, 24, 331-340.
- Tatarsky, A. (2003). Harm Reduction Psychotherapy: Extending the Reach of Traditional Substance Use Treatment. *Journal of Substance Abuse Treatment*, 25, 249-256.
- Tims, F.M., Dennis, M.L., Hamilton, N., Buchan, B.J., Diamond, G., Funk, R., &

- Brantley, L.B. (2002). Characteristics and problems of 600 adolescent cannabis abusers in outpatient treatment. *Addictions*, 97 (1), 46-57.
- Watkins, R., (1997). Essay on spirituality. *Journal of Substance Abuse Treatment*, 14(6), 581-583.
- Wilson, R.C., Sherritt, L., Gates, E., & Knight, J.R. (2004). Are clinical impressions of adolescent substance use Accurate? *Pediatrics*, 114(5), 536-540.
- Winters, K.C. (2001). Assessing adolescent substance use problems and other areas of functioning: State of the art. In P.M. Monti, S.M. Colby & T.A. O'Leary (Eds.). *adolescents, alcohol, and substance abuse: Reaching teens through brief interventions.* (pp. 80-108). New York: The Guilford Press.
- Winters, K.C., Latimer, W.W., & Stinchfield, R. (2002). Assessing adolescent substance use. In E.F. Wagner & H.B. Waldron (Eds.) *Innovations in adolescent substance abuse interventions.* (pp.1-29).
- Winters, K.C., Latimer, W.W., & Stinchfield, R. (2002). Clinical issues in the assessment of adolescent alcohol and other drug use. *Behaviour Research and Therapy*, 40, 1443-1456.

Appendix A
Spirituality Questionnaire

The following statements are components within the concept of Spirituality. Please read each statement and choose which response best fits you. Please note that not all of the choices are the same for every question. Questions 1-5 are taken from Dr. Jared Kass's INSPIRIT questionnaire. Questions 6-10 are taken from the Multidimensional Measurement of Religiousness/Spirituality for use in Health Research developed by the Fetzner Organization.

- 1) I feel a deep inner peace or harmony:
 - a. Many times a day
 - b. Every day
 - c. Most days
 - d. Some days
 - e. Once in a while
 - f. Never or almost never

- 2) I think about how my life is part of a larger spiritual force:
 - a. Great deal
 - b. Quite a bit
 - c. Somewhat
 - d. Not at all

- 3) To what extent do you consider yourself a spiritual person:
 - a. Very spiritual
 - b. Moderately spiritual
 - c. Slightly spiritual
 - d. Not spiritual at all

- 4) The events in my life unfold according to a divine or greater plan:
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

- 5) I have a sense of mission or calling in my own life:
 - a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree

- 6) When I think deeply about my life:
 - a. I do not feel there is any purpose to it
 - b. I feel there is a purpose to it

- 7) My present life:

- a. Does not satisfy me
 - b. Satisfies me
- 8) I feel trapped by the circumstances of my life
- a. Agree Strongly
 - b. Disagree Strongly
- 9) When I think about my past:
- a. I feel many regrets
 - b. I feel no regrets
- 10) I wish I were different than who I am:
- a. Agree
 - b. Disagree
- 11) Please use the remaining space and the back of the questionnaire to share your definition of Spirituality.
- 12) Please share the difference between religion and spirituality.

If any of the questions on this questionnaire have raised uncomfortable issues or caused you concern, then you should feel free to discuss these concerns with Colleen or Charlie, you can contact them at 473-1500.

Appendix B

The Conceptual Clarification of Spirituality
Four One-hour group sessions

First Session

Give pre test, have them write a name on the top, complete and hand back
Start with an introduction of what they can expect during the concept clarification sessions

Brief explanation of Spirituality:

- Spirituality is a lot like health. We all have health; we may have good health or poor health, but it's something we can't avoid having. The same is true of spirituality: every human being is a spiritual being. The questions not whether we "have spirituality" but whether the spirituality we have is a negative one that leads to isolation and self-destruction or one that is more positive and life giving.
- Involves not just talking about something, not just reading about or considering something, not even just doing something; it involves actually experiencing life in a new way.
- Teaches us how to deal with failure
- Being able to look at yourself and say, "My name is and I'm a drug addict" calls forth a spiritual reality of humility, gratitude, tolerance and forgiveness.
- Spirituality takes many forms
-

Spirituality vs. Religion: Do a comparison chart on the dry erase board with characteristics listed under each word, request suggestions from group, than add some

- Ask group their understanding of the term spirituality and religion. (dry erase board)
- Summarize difference
- Religion: an organized form of worshipping God, with a set of boundaries, rituals and ideas
- Spirituality: not an easy term to define, it is an idea that changes with each individual person, with no boundaries.
- The word was first used to express the opposite of materialism.

End with sharing what to expect during next group session: discussion of

Second Session

Discussion of the following characteristics of Spirituality established by Ernest Kurtz:

Release:

- Is letting the truth about ourselves be revealed to those around us, it is sharing our story, thoughts/feelings with others, it is striving to learn more about who we are,
- The essence of addictions to cling to some fixed, repetitive, once meaningful but now self-destructive pattern, let go, release yourself from your addiction.

- The feeling of “a weight lifted”; ask for another term/saying that maybe they can relate to better
- Get what we are willing to give, risk in letting go
- To listen to members of AA telling their stories is to hear described three levels of the experience of release: release from the addiction, the obsession with the chemical and its effects, release from the root of our troubles: self-centeredness, lives centered wholly on the self being to shift perspective an look outward, reaching out to others with genuine generosity and release from denial, for the fear and dishonest of self-deception, form the dire realization that one does not even know who one is , discover the reality of a self that is real.

Gratitude:

- Seeing the gifts in one’s life and being truly thankful for those gifts
- Have the group think of things that they are grateful for, try to have them think of ongoing gifts, such as, family, friends, health, and such, or at least share these examples to them to have them begin to think beyond the materialism aspects of their life.
- Sobriety, life without chemicals a gift?, where your use has brought you? Tried to change in the past? Experience release, which will lead to gratitude for a substance free life
-

Humility:

- The acceptance of being human and making mistakes
- Being honest, does not exaggerate nor minimized but accepts
- Avoid comparisons, all or nothing approach
- Grandiosity (showy) is the opposite
- Learning to carry out our lives in the middle, finding a balance
- Shortcomings a concept that is in tune with the understanding that we are imperfect.
- The state or quality of being humble, which is to have a conscious awareness of ones shortcomings.

Tolerance:

- Acceptance of ourselves in all our weakness, flaws, and failings, we can begin to fulfill an even more challenging responsibility: accepting the weakness, limitations and mixupedness of those we love and respect.
- We usually find those to socialize with that have similar interest, it is the belief in the concept of tolerance related to spirituality that connect with each other most healingly, most healthily with those that we shared weakness with
- “Shared weaknesses” see in others’ strengths a hoe: the hope that your strengths might also support me. We can rejoice in this versus feeling threatened.
- An active appreciation of the richness and variety of human beings on this earth, along with the understanding that we all struggle with the same demons, we all share the same fears and sorrows, we all do the best we can with what we have.
- “Honesty gets us sober, but tolerance keeps us sober”

At the end of the first session, a request for the adolescents to produce an expression of their understanding of Spirituality and what it means to them. Suggestions will be given to make a collage, poem, song, or present a personal item.

- This assignment is being requested because In order to understand spirituality, in order to live a spiritual life, we must first be able to imagine such life, to form a mental picture of what it might look and feel like.

Third Session

Start the third session with a presentation and discussion of their expression of Spirituality.

Discuss a balancing of four areas of life, Mental, Physical, Spiritual and Emotional.

Use diagram that Jackie would use with the DFOG group, try to implement it for the adolescence in the sense of the using pie showing all of the stuff going on in their lives and how much of their time was used participating in activities associated with using, than show them a balanced pie of the four concepts with examples of activities for each one.

Fourth Session

Discuss how the concept of Spirituality can assist them in their decisions to abstain from drugs and in their life overall.

- A man named Bill Wilson, an alcoholic, started AA; he was unable to find the answer to his overwhelming despair in conventional religion.
- There is no claim of right or wrong, it is more interested in questions than in answers more of a journey toward humility than a struggle for perfection.
- Within your life and your recovery the concept of spirituality can help you accept yourself, come to accept where your life is and find in the concept of spirituality the peace and serenity that drugs promised but never delivered. The alter state of being high and changing the way that you were feeling, can be achieved through a sense of spirituality
- Release
- Humility: accepting the reality balancing being sober and an addict, Share example of having a great week and a good week, acknowledging your current situation and to turning to a substance to validate that, but to find a balance in your life
- Gratitude
- Tolerance

At the end of the fourth session the post questionnaire will be administered to the participants.

Appendix C

Statement of Informed Consent

The purpose of this study is to learn about definitions of spirituality, and to find an awareness of your own spirituality. I am a graduate student in the Counselor Education Department attending SUNY College at Brockport. Your participation in this master's level research project involves that you participate in four group sessions. The four group sessions will be a discussion/educational group regarding the concept of spirituality. There will be a questionnaire for you to complete at the beginning of the first session and at the end of the fourth session. You will also be requested to complete an assignment expressing your understanding of spirituality. In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project, by signing below. If you want to participate in the study, and agree with the statements below, please continue reading the information provided. You may change your mind at any time and leave the study without penalty, even after the study has begun. Because you are under the age of 18, consent is also required from your parents for you to participate.

I understand that:

- 1) My participation is voluntary and I have the right to refuse to answer any questions.
- 2) My confidentiality is guaranteed. There will be no way to connect my name or the name of my program to the questionnaire that will be conducted at the beginning of the first group and the end of the second group. If any publication results from this study, I will not be identified and results would be reported in group form only.
- 3) There will be no anticipated personal risks because of my participation in this project.
- 4) My participation involves completing a questionnaire at the beginning of the first group, participating in a presentation of the concept of spirituality over four groups, completing a project expressing what spirituality means to me and completing the questionnaire at the end of the fourth group.
- 5) My participation involves reading and answering an 12-item questionnaire. It will take 10-15 minutes to answer the entire questionnaire. There will be available space on the questionnaire where I can provide what my concept of spirituality is and the difference between spirituality and religion.
- 6) Participants will be individuals attending the Adolescent Intensive Outpatient group at Westfall Associates who consent to being involved in this project. The results from the questionnaires will be used to complete a master's level thesis project and paper required for graduation from the Counselor Education program at SUNY Brockport.

- 7) This consent form and questionnaires will be kept in two different folders locked in a desk in the co-facilitators office and the researchers supervisor. They will be kept separately to ensure confidentiality regarding which participants completed the questionnaire.

- 8) My answers to the questionnaire, which will be confidential, will be gathered, along with the other participants' responses and the overall results will be reported in group form in the thesis paper. I will be assigned a number that will be placed on the pre and post test. The questionnaire and consent forms will be destroyed upon completion of the thesis paper, which is projected to be in April 2006.

I have read and understand the above statements. All my questions about my participation in this study have been answered to my satisfaction. I agree to participate in the study realizing I may withdraw without penalty at any time during the survey process. Signature below indicates my consent to participate.

If you have any question you may contact:

Faculty Advisors

Susan Seem and Tom Hernandez
 Department of Counselor Education
 SUNY Brockport
sseem@brockport.edu or
thernand@brockport.edu
 (585) 395 -2258

Student Researcher:

Bobbie Jo Gaines
joeygaines23@yahoo.com

Participant's signature

Date

Researcher's signature

Date

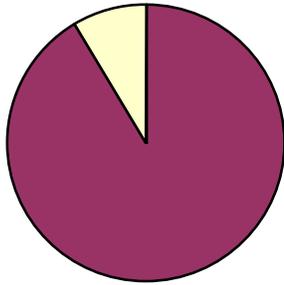
I give consent for my child to participate:

Parent/Guardian signature

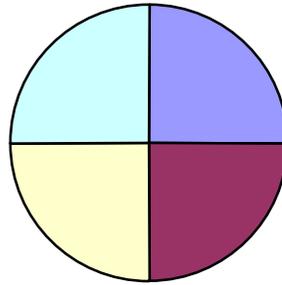
Date

Appendix D

Addiction vs. Recovery



Addiction



Recovery

Each pie represents life. In the addiction pie the big part of the pie represents thoughts, behaviors, feelings, and beliefs when someone is active in their addiction. The smaller section is the rest of their life, including but not exclusively, family, friends, school, and/or work. The second pie represents when someone enters recovery, treatment or takes a step back from their addiction to look at their life. The four sections represent a balance between the mental, physical, emotional, and spiritual aspects of their life.