SUBSTANCE ABUSE PREVENTION WORKSHOP FOR THE PARENTS OF IRANIAN-AMERICAN ADOLESCENTS

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By

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DEDICATION

This thesis project is dedicated to my family, friends, and professors, who believed in me, guided me, and accepted the changes in me. Thank you for having faith in me as I move forward in this wonderful journey and follow my love for healing the soul. I am forever indebted to you all and your impact on my life.

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# TABLE OF CONTENTS

Signature Page .......................... ii
Dedication ................................ iii
Acknowledgment ......................... v
Abstract ................................... viii

## Chapter One: Introduction

- Statement of Need/Problem ............ 4
- Purpose of Graduate Project .......... 5
- Terminology ............................. 5

## Chapter Two: Literature Review

- Characteristics of Adolescent Substance Abuse .......................... 9
  - Risk Factors for Substance Abuse .................................. 9
  - Substance Abuse in Iran ............................................ 11
  - Parenting style that minimize the possibility of drug and alcohol use 12
- Iranian-Americans families ............. 17
  - Family system and parental roles ................................. 18
  - Shame .................................................................... 20
- Adapting prevention program to fit a cultural needs .................. 21
- Treating Adolescent Evidence-Based Approaches .................... 22
  - Multisystem Therapy (MST) ......................................... 22
  - Functional Family Therapy (FFT) ................................. 23
  - Brief Strategic Family Therapy (BSFT) ......................... 23
  - Family Skills Program (FSP) ...................................... 23
ABSTRACT

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Iranian Immigrant parents and their Iranian-American children may experience stressful family conflicts over the cultural differences between the United States and their country of origin (Ghaffarian, 1998). Such stressors may heighten adolescents’ vulnerability to substance use. The literature examines substance use and prevention techniques for American adolescents; however, a culturally sensitive prevention program is uncommon. Immigrant family process and childrearing practices differ based on ethnicity and culture, as do style, degree, and manner of family involvement and attachment (Cunningham, 1991). This project is a seven-hour workshop that is designed for implementation by marriage and family therapists for Iranian parents. The purpose of this project is to create a culturally grounded substance abuse prevention workshop for Iranian families with adolescents. This workshop will provide valuable information on culture, immigration, acculturation, family systems, and substance use, as well as a culturally sensitive drug prevention Program.
CHAPTER 1
INTRODUCTION

According to the 2010 United States Census, the size of the Iranian-American community is about 440,000 with over 57,000 of Iranian-Americans living in the Western United States. More than 73% of Iranian-American households communicate in both English and Farsi. Around 20% communicate only in English. Seven percent of Iranian-American households are considered linguistically isolated (U.S Census Bureau, 2010), which means that they are limited to speaking their native language, Farsi, both at home and in the community. Isolation results as many of these Iranian individuals attempt to get their needs met within the scope of the community.

In 2005, the Iranian Studies Group at MIT undertook a comprehensive survey of the Iranian-American community’s characteristics to better understand what it means to be Iranian-American and to better serve the Iranian-American community. The survey included over 35 questions and 3,880 individual participants. Some significant statistics were revealed including: 80% of the participants were married to other Iranian-Americans, 82% speak Farsi at home, and 75% of parents believed in the importance of teaching their Iranian-American children Iranian traditions, festivities, and also Persian language (Parsinejad, 2005).

According to the 2010 United States census, Iranian-Americans’ average income is about 50% above the average income in the U.S. Of the Iranian-Americans interviewed, more that 57% had obtained a bachelor’s degree and over 27% above the age of 25 held a graduate degree making Iranian-Americans one of the most highly educated ethnic groups in the United States.
Among many difficulties this group faces, Parsinejad (2005) found that the most noticeable ones include: language barrier (25%) and cultural differences between the Iranian and the American culture (14%). In addition to difficulties that are culture specific, the Iranian-American community also faces difficulties that are universal within many other groups in the United States, such as dealing with mental health issues. Specifically, over the years, the Iranian-American population in the United States has noticed a growth in the number of adolescents with substance-induced mental health issues. Some find it a bit ironic that such an affluent minority group is facing challenges and struggles in dealing with mental health issues among their Iranian-American adolescents, such as substance use, depression, and low self-esteem.

Abraham Maslow said, “Education is learning to grow, learning what to grow toward, learning what is good and bad, learning what is desirable and undesirable, learning what to choose and what not to choose” (as cited in Nisenholz, 2006, p. 43). Though one might interpret education as solely a form of school learning, education is a process that occurs through the different stages of life and in various arenas outside of school. In order to succeed in many life experiences, such as marriage and parenting, educating oneself on the proper “dos and don’ts” and the options that are available can be very helpful. Some would agree that the same is true for learning about the dangers of substance abuse. According to Bang, Botvin, and Griffin (2010), a drug-free America can be created by teaching parents and adolescents about the dangers of substance use.

The following project has been specifically tailored for mental health professionals to educate Iranian-American parents of teenagers about substance abuse prevention. Substance abuse has become a complex and pervasive challenge for the Iranian-American community (Sameyah, 2005). Many concerns about substance abuse and related subjects have been
discussed within the community, including: how to address educate our adolescents about substance abuse and related subjects, help our adolescents when they have been suspected of using substances, and raise their awareness for a drug free environment. Adolescents across many cultures may experiment with different types of substances during their teenage years. For instance, tobacco use among tenth-grade teenagers in America was 43% in 2003 (National Institute on Drug Abuse, 2004). In 2008 a study done by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that more than 9% of adolescents between the ages of 12 and 17 used tobacco in the month of the assessment (SAMHSA, 2008). Moreover, the survey revealed that, among minorities in the United States, smoking rates of Hispanic adolescents were 8% and Asian adolescents were 4%.

According to SAMHSA, about 14% of teens between the ages of 12 and 17 drank alcohol on a regular basis in 2008. However, this number was lower by 2% in 2008 among minority adolescents. Asians had the lowest rate of alcohol use than any other race with 5.7%, while 10% of Black youth and 15% of Hispanic youth reported alcohol use (SAMHSA, 2008).

A survey, by the National Survey on Drug Use and Health (NSDUH), in 2008 suggested that the rate of illicit drug use among teenagers ages 12 to 17 was 19%. Furthermore, the rate of hallucinogen use among teenagers increased from 0.7% in 2007 to 1.0% in 2008. There has been almost no research on substance abuse among Iranian-American adolescents. Due to the lack of research and data, it is difficult to measure the severity of need for a culturally-sensitive substance abuse prevention program for Iranian-American youth.

**Statement of Need/Problem**

Much research has concentrated on adolescent substance abuse, and there has been an increase in the available information on evidence-based, family-based prevention and treatment
techniques (Henggeler & Sheidow, 2012). Cunningham (1991) emphasizes that for a workshop to be effective for a community, “Ethnic and cultural competency and appropriateness in the development and implementation must be an integral part of every effort, from planning through evaluation” (p.85).

However, research in creating culturally sensitive prevention programs is scarce. As a result, the gap between a culture-sensitive prevention program and a so called “typical” prevention program has made it less likely for minority parents in the United States to obtain appropriate help for their adolescents. Though many families may be willing to attend workshops, the lack of effective workshops for Iranian-American parents, due to language and cultural barriers, makes it difficult to do so. Effective workshops are created from effective research. Therefore, if the research on the topic of Iranian-American adolescent substance use is limited, it is understandable that it would be the same case with workshops.

According to Jalali (2005), little research has been done on members of the Iranian population who are under a great deal of emotional stress (Jalali, 2005). Furthermore, immigration and acculturation has been extremely stressful, not only for first generation Iranians but their Iranian-American offspring as well. In a study by Ghaffarian (1998), found that bicultural Iranians had better mental health than those who denied the new culture (Ghaffarian, 1998). Illegal drug use among a sub group of Iranians (Iranian-Jews) of all ages increased, because most Iranian families with substance abuse issues have been afraid to seek professional help for fear of losing face in the community (Melamed, 2005).

During one of his lectures, Dr. Farhag Holakouee, one of the most trusted therapists within the Iranian-American community and a sociologist, stated that two of the most significant issues that Iranian-Americans face are denial and dependency (personal communication, 2005).
This could be the reason for the limited research on individuals within the community who are suffering from emotional and psychological distress. Iranian-Americans may not want to admit that they or any members of their family are coping with mental health issues. This project highlights the reality that, in dealing with the stress and adjustments of acculturation, immigrants (especially adolescents) develop substance abuse problems. In an effort to appropriately access and manage these issues, Iranian-American families would benefit from attending a workshop that would be sensitive to their cultural needs and beliefs.

**Purpose of Graduate Project**

The purpose of this project is to create a seven-hour substance abuse prevention workshop for parents of Iranian-American adolescents that is tailored to the cultural needs of this community. This prevention program will highlight the cultural issues for Iranian-American adolescents that substance use as a way to cope with stress, depression, and anxiety. Moreover, this project has been created to educate Iranian-American parents about substance use, so they can help their adolescents cope with stress in an adequate way. This project will provide therapists with appropriate tools to conduct an educational workshop for parents of Iranian-American adolescents. The workshop will include a PowerPoint presentation, videos, vignettes, and role play.

**Terminology**

*Iranian-American* refers to Americans of Iranian ancestry or people who possess Iranian and American dual citizenship (Jalali, 2005).

*Culture* is a set of values, attitudes, and practices held in common by a group of people, usually identified by ancestry, language, and geography (Cunningham, 1991).
Biculturalism is the interaction between a dominant and non-dominant culture (Sue & Sue, 2008). In regard to Iranian-Americans, biculturalism is the interaction between the cultural belief of Iranians living in America (non-dominate) and the American culture (dominant).

Acculturation defined by Bamaca-Gomez and Plunkett (2003) and Villenas and Deyhle (1999) is a multidimensional construct that reflect the process of psychosocial adjustment that occurs as immigrants adapt to the language, culture values, identity, and behaviors of their host society. The level of acculturation is typically measured by an individual’s ability to adapt to the host-culture’s language and behaviors, while simultaneously retaining the attributes of their own culture of origin. For the most part, families provide the norm for culture of origin, while outside contacts introduce adolescents to the culture and norms of the host country (Plunkett & Bamaca-Gomez, 2003).

Adolescence refers to the developmental transition between childhood and adulthood entailing major physical, cognitive, and psychosocial changes. The ages which are considered to be part of adolescence vary by culture; the age of adolescence for the purposes of this project is between 12 and 20 years of age (Papalia, Olds & Feldman, 2002).

Substances refer to drugs, medications, or toxins that are used inappropriately or abused. Examples include: alcohol, amphetamines, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, PCP, and sedatives. For the purposes of this project, substance use will include any of the previously mentioned groups.

One or more of the following four criteria must be present within a 12-month period for diagnosing substance abuse: (1) “recurrant substance use resulting in a failure to fulfill major roles and obligations at work, school, or home;” (2) “recurrant substance use in a situations which it is physically hazardous” (3)“recurrant substance-related legal problems,” and (4) “continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance of these problems” (American Psychiatric Association, 2000, p. 199).

The term substance dependence is characterized in the DSM IV-TR by “a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues use of the substance despite significant substance related problems” (APA, 2000., p. 192). The label dependence is given when three or more of the following criteria are present in 12 month time: (1) “building a tolerance which is needed for markedly increased amounts of the substance to achieve intoxication, or desired effect, or markedly diminished effect with continued use of the same amount of the substance” (2)“ is withdrawal syndrome for the substance which is the same or related substance to relieve or avoid withdrawal symptom” (3)“the substance is taken in larger amounts or over a longer period than it was intended” (4)“ a persistent desire or unsuccessful efforts to cut down or control substance use” (5)“a great deal of time used in activities to obtain the substance” and (6)“ important social, occupational or recreational activities are given up or reduced because of substance use. Seven, the substance is used despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance” (APA, 2000).

The concept of coping refers to cognitive and behavioral efforts to manage internal and external challenges that are appraised as stressful and exceeding personal resources.
Furthermore, coping is described as a complex process that is closely related to contextual factors (Lazarus & Folkman, 1987).

*Differentiation of self* occurs when an individual is able to distinguish between the intellectual process and the feeling process that he or she is experiencing (Goldenberg & Goldenberg, 2008). Differentiation is demonstrated by a person who can think, plan, and follow his or her own values, particularly around anxiety-provoking issues, without having his or her behavior changed by the emotional cues from others.

*Authoritative parenting style* is described as parents that believe in the child’s individuality with an effect to introduce social values (Papalia, Olds, & Feldman, 2002).

*Authoritarian parenting style* emphasizes control and obedience (Papalia, Olds & Feldman, 2002).

A multidisciplinary literature review follows to increase understanding of the impacts of immigration, acculturation, and traditions of the Iranian parents, and the effects of these experiences on the psyche of Iranian-American adolescents. Moreover, this review discusses the risk factors that Iranian-American adolescents face, and what is different in the dynamic of Iranian-American families. Chapter three discusses the process and challenges in developing the workshop, as well as the unique audience for whom this project is provided. Chapter four contains a brief discussion and conclusion, as well as provide further discussion of the implications and recommendations as a result of research on this topic and further research that is needed for this minority group. The appendix contains the workshop designed for Iranian families with adolescents, who are living in United States.
CHAPTER II

REVIEW OF LITERATURE

Introduction

This chapter reviews the literature in the following areas: First Characteristics of adolescent substance abuse will be explained followed by the risk factors. Next, in an effort to understand substance abuse in Iranian adolescents, the sections will discuss the imbedded culture of substance use in the Iranian culture. In addition, parenting style that minimizes adolescent delinquency is explained in the following sections. Following that, to better analyze the Iranian family system, a complete look at the origins of the Iranian-American is shown. To come up with a culturally appropriate prevention program a focus on evidence based treatment and the importance of cultural competency is provided.

Characteristics of Adolescent Substance Abuse

Substance abuse is a fatal and common problem in United States. Throughout the years substance abuse has been recognized as a significant public health issue. The Substance Abuse and Mental health Services Administration (2003) estimated Substance Abuse treatment to cost over 500 billion dollars each year. According to the 2008 National Survey on Drug and Health, 61.8% of the 2.2 million recent marijuana initiates were younger than 18 years of age (SAMHSA, 2008).

Substance abuse is especially problematic when it begins in childhood and adolescence. According to King and Vidourek (2011), early age of first use is associated with increased risk of suicide, violence, and delinquency. Furthermore, research suggests that, those who drink before the age 14 are four times more likely to develop alcohol abuse and dependence than those who begin drinking at 21 years of age. Finally, Tolan, Szapocznik, and Sambrano (2007) suggest that,
early initiation of substance use interferes with the development of cognitive, emotional, and social competencies in children and adolescents; it also may compromise later functioning in important adult domains, such as marriage, parenting, and gainful employment.

Risk Factors for Substance Abuse

Prevention programs for adolescent substance abuse are research-based and emphasize risk factors that increase the likelihood of substance use. Lowe, Foxcroft, and Sibley (1993) conducted a study to understand the reason(s) teenagers gravitate toward substance use. The study was conducted on 430 teenagers between the ages of 16 and 19. All of the teen-aged participants were either engaged in youth training or a vocational course of study. They found that 64% of the participants reported using substances to relax, 62% used substances to be more sociable and to “cheer up”, and 41% used substances because they liked the effect. It can be interpreted that there was a clear underlying motive unique to each substance user’s needs.

Although many of the risk factors appear to be shared universally, some risk conditions may be unique and specific to particular minority groups. For example, acculturation, cultural competence, or cultural identity are all important considerations for understanding reasons and motives behind drug use among Latinos but not among whites (or Euro-Americans) that have lived in one country for many generations (Newcomb, 1995).

Bowen’s intergenerational theory related to family systems has been connected to cultural risk-factors. Bowen believes that family members face two kinds of problems: vertical stressors and horizontal problems (Goldenberg & Goldenberg, 2008). Vertical problems are passed down directly from parents to their children through modeling behaviors. Many teenagers and adolescents tend to exhibit similar behaviors as their parents, regardless of the nature of the behaviors. Another kind of problem, defined by Bowen is horizontal problems, are caused by
environmental stressors or transition points in family development. Some of these issues are caused by social and environmental factors and may include problems with social-emotional processing, such as a minority family moving from a like-minority neighborhood to a very different neighborhood. Horizontal problems can also happen when a family, with traditional gender roles, immigrates to a culture with different views of gender. This becomes most problematic for the family when vertical and horizontal problems happen at the same time (Goldenberg, & Goldenberg, 2008).

For Iranian families, horizontal problems tend to arise during the adjustment period immediately after an Iranian family moves from their native country to the United States, and parents must raise their adolescents in a culture that is, in many ways, different from their own. For many of these adolescents, balancing two cultures while adjusting to changes within the family roles can be a difficult transition. Many adolescents find themselves in a vulnerable position between the two cultures; for example, spending eight or more hours a day surrounded by a culture that is different from the one at their home. Vertical stressors commonly seen within the Iranian family are lack of direct communication between the members of the family (Jalali, 2005). If the family is unable to communicate and cope with environmental stressors, then both the horizontal and vertical problems merge together.

*Substance abuse in Iran*

Substance use disorders are among the most common mental disorder in Iran (Ahmadi, 2003). Substance abuse has been part of Iranian culture for many decades (Mokri, 2001). Furthermore, not only is there no estimate of prevalence and incidence of substance abuse of Iranians living in United States, there is little to no information regarding substance use by Iranians living in Iran. The stigma and legal restrictions on substance use and abuse in Iran
prevents the substance users from participating in surveys. In a study by Mokri (2001), the mean age for beginning use of illicit drugs is 33 in Iran; for alcohol and cigarettes use, the mean age is 19, which is very different from the United States. Narcotics (e.g., opium) is the “number one” drug used in Iran; opium accounts for 73% of the drugs purchased and used in Iran. Poorasl (2007) found that, out of 1785 high school students (ages 15-19), approximately 13% had tried alcohol and 2% had used drugs. In comparison to the prevalence of adolescent substance abuse in other countries, substance abuse among adolescents in Iran is considerably smaller (Poorasl, 2007). This may be one of the reasons Iranian immigrants believe that adolescent substance use is an experimental behavior.

When the revolution of 1979 took place in Iran, all addiction treatment facilities were closed down (Afkhami, 2007). Between 1979 and 1994, over three million people became addicts, which was one in every 12 people. From 1994 onward, medical intervention for drug abuse became legalized in Iran. Anyone seeking treatment was not prosecuted and was able to freely go to medical facilities for treatment. Perhaps one reason the Iranian immigrant denied substance use could be the experience they had with admitting being an addict in Iran after the revolution until 1994. During those years In order to keep the addict safe from imprisonment, physical punishment, and even the death penalty, the family had to deal with the addict at home with no proper training (Afkhami, 2007). However, in the United States with the abundance of information and freedom, Iranian families are able to gather information on parenting, prevention, and treatment programs, and facilities.

Parenting style that minimizes the possibility of drug and alcohol use

Many research studies have associated s family functioning and adolescent substance use. For example, in Stoker and Swadi’s study (1990), adolescent substance users reported family
communication problems, parental conflict, and parents who are critical and suspicious of their adolescent.

Tolan, Szapocznik, and Sambrano (2007) found that many family relations factors can reduce the risk of substance abuse in adolescents. For example, if parents are loving, supportive, warm, cohesive, and open in communication, and if adolescents have appropriate attachment to one or both parents, then these adolescents have a lower risk of being involved in the use of substances. Furthermore, parents who supervise their adolescent’s activities and behavior, and have age appropriate expectations have a better chance of reducing the risk of alcohol and drug use in their adolescents (Tolan, Szapocnik & Sambrano, 2007) than parents who do not relate to their adolescents in this manner.

Good Parenting requires more than intellect; good parenting involves emotion. Gottman (1997) recommends that parents take five steps to become emotionally connected to their child of any age.

1) Become aware of the child’s emotion

2) Recognize the child’s emotion as an opportunity for intimacy and teaching

3) Listen empathetically, validating the child’s feelings

4) Help the child find words to label the emotion he/she is having

5) Set limits, while exploring strategies to solve the problem at hand

Gottman (1997) believes that, if parents follow these guidelines, their child will have: better physical health, better academic performance, fewer behavior problems, less delinquency, and better relationships with their friends. One style of parenting that promotes emotional connection is authoritative parenting. When measuring the competence, achievement, social development,
self-esteem, and mental health of students, Maccoby and Martin (1983) found that families with authoritative parenting style scored higher than parents with authoritarian style.

Kordestani (2002) completed a study on 99 Iranian-American adolescents ranging from 10 to 20 years of age attending an Iranian organization in Los Angeles County. In his study, he explained that Iranian-American parents often share three behaviors: support, positive induction, and punitiveness. Kordestani further states that these aspects of parenting influence the Iranian-American adolescents’ self-esteem, academic motivation, and family life satisfaction (Kordestani, 2002). Thus the study suggests that in Iranian family systems, some aspect of the functional and supportive family does exist. When parents provide a loving and supportive space for their children, and create an opportunity for their adolescents to communicate their needs and concerns, their children will then be prone to utilize healthy coping skills in dealing with their feelings and emotions.

Based on these research findings, the proposed workshops will teach parents to create an emotional bond and a safe space for their children to openly process their thoughts and feelings regarding the stress related to acculturation with their parents and family. Children with proper emotional bonds get sad, frustrated, and scared under difficult circumstances, yet they are able to cope with their situation and carry on productive activities (Gottman, 1997).

Adapting to a new culture, while maintaining one's original cultural values, may be a difficult task for many individuals and families. Many immigrant families are caught in the middle of their traditional family relations and Westernized society. Bowen (citation) believed that optimal family development occurs when family members are differentiated, feel little anxiety regarding the family, and maintain a rewarding and healthy emotional contact with each other (Goldenberg & Goldenberg, 2008). With Iranian families, individuation of the adolescents
and young adults from their family members are viewed as a negative behavior and a separation from family values (Jalali, 2005). As adolescents proceed in later years of high school, like many of their American peers, they develop a desire for individuation and independence. As mentioned previously, Dr. Farhang Holakouee and Jalali (2005) have indicated that dependency on family members is one of the main issues within the Iranian families. As these adolescents express their needs for individuation, they are most likely to find themselves unsupported by their parents. This may result in a separation and a lack of trust between the two generations (Jalali, 2005). For example, when a 17-year-old Iranian girl expresses to her parents with excitement that, like her fellow classmates, she is ready to apply to universities across the nation, many times this idea is immediately rejected by Iranian parents without explanation. If this girl does not receive appropriate support and help in processing this situation, then she may start using substances either to cope with her emotions or to retaliate against her family. This is another reason why workshops, tailored for a specific culture, are necessary to inform parents how to appropriately deal with situations of acculturation that challenges their cultural beliefs. Bowen explains that for a healthy family to function and survive, its members need balance in terms of their togetherness and separateness, as well as adapt to changes in the environment (Goldenberg & Goldenberg, 2008).

In a successful community, members of that community will tolerate and support members who have different values and feelings, and thus can support differentiation. In the traditional Iranian family (Jalali, 2005), the most important requirement for children and adolescents is to be polite and respectful toward adults. That includes children not voicing any dislikes or difference of opinions from any suggestion made by the adults. Children and adolescents are expected to be well-mannered and able to sit in the presence of adults for long
periods of time. For advice, they turn to a same sex relative who, most likely, is a parent or an older respected member of the family (Jalali, 2005). Therefore, should the parents have any problems with the child or adolescent, the problem will stay within the immediate family as a means to “save face.”

Some of the major stages in early adolescence involve developing mature social skills and increasing emotional independence from parents (Papalia, Olds & Feldman, 2002). It is most probable, adolescents will have conflicts with their parents and start identifying with their peer group during this time. Moderate levels of disagreement between parents and adolescents serve the purpose of teaching the adolescent the idea of give and take, conflict resolution, and problem solving (Atwater, 1992). However, an excessive amounts of conflict and nitpicking in every aspect of the adolescent’s behavior makes the desired outcome less likely. This may compel the adolescent to disengage from the family, make friends with problematic peers, and develop risky behaviors, such as substance abuse (Atwater, 1992). For Iranian parents, the importance of keeping the tradition and culture causes a chasm between them and their Iranian-American adolescent. If this rift between the two generations remains unsolved, it can snowball in to an irresolvable conflict leaving the adolescent with no choice other than seeking comfort, numbness, and a quick fix outside of family setting. For the parent to have an emotional connection with the adolescent, parents need to master empathy, listening skills, and the willingness to see situations form their child’s perspective (Gottman, 1997).

With regard to substance abuse and the type of family system that can prevent it, King and Vidourek (2011) emphasize that parental monitoring and open communication is effective for supporting adolescents when they are vulnerable to peer pressure and possibly initiating substance and alcohol use. “Parents and their children must have open communication about
drugs. Parents need to use basic communication skills, active listening, address peer pressure, and establish a physical environment conducive to quality communication” (King & Vidourek, 2011, p.54). For immigrant families, communicating with adolescents is impossible if parents are not willing to empathize with their adolescent’s acculturation and plan to impose only their own cultural beliefs onto their adolescent. Iranian-American parents’ unwillingness to listen to their children will weaken the willingness of the adolescents to communicate with their family about their struggles.

Regarding the mental health of Iranian-American adolescents, Frank (2010) surveyed 121 Iranian-American immigrant adults from two public universities in California. Through this research, Frank found that behaviors like parental psychological controls and parent-child conflicts were all correlated to depressed mood and substance abuse by Iranian-American children. The most significant and positive correlation with depressed mood was the parent-child conflict that can arise when children attempt to branch off from the traditional family customs (Frank, 2010). Coping with depression is one of the main reasons for which many individuals, including adolescents use substances. When the source of this depression arises from conflicts within an adolescent’s family, these individuals would be most likely to seek comfort from their friends, and thus would be more likely to gravitate towards substance use in order to cope with their depression.

**Iranian-American Families**

The population of Iranian-Americans is growing rapidly in the United States. According to Jalali (2005), Iranian immigration to America can be divided to three historical periods. Jalali states that the first group of Iranian-American Immigrants came to the United States between 1950 and 1970 and consisted of individuals who were, for the most part, educated, wealthy, and
aware of Westernized culture and beliefs. The second group, which immigrated between the years of 1970 to 1978, were less familiar with Westernized culture. The third group came between 1978 and 1984 (Jalali, 2005). This group of immigrants was forced to flee their home country due to the Iranian revolution. As a consequence, this group experienced the most cultural vulnerability, and was the most inflexibility toward adjusting to Westernized culture. In a study by Kheirkhah (2003), the Iranian immigrant’s acculturation patterns in all three periods can be divided into three groups. The first group was one that denigrated the old culture. The second group denied the new culture, and the third group experienced bi-culturation and, therefore, withdrew from certain aspects of American society.

Some acculturation patterns of Iranian-Americans not only affect the immigrant parents but also their offspring. Therefore, generational acculturation conflicts are common in Iranian immigrant families, since children tend to acculturate more quickly than their parents (Sue & Sue, 2008). Generational acculturation is a concept that interferes with the relationship between children and parental background factors and the future well-being of the families.

Using a sample of 292 Iranian immigrants in the United States, Hojat, Foroughi, Mahmoudi, and Holakouee (2009) indicated that there was a strong correlation between using native language and wanting to return back to Iran. Language preference is the primary indicator of acculturation. Using the new language, may provide connection between the person and the new culture, which can help a family to acculturate easier. Furthermore, the study suggests that adolescents raised in families who pressure them to speak only Farsi are more likely to face cultural problems and may experience a sense of low self-esteem. This sense of low self-esteem may result in Iranian adolescents having the desire to withdraw from their family and attempt risky behaviors such as drug and alcohol use.
Family system and parental roles

According to Jalali (2005), traditional Iranian-Americans depend fully on their family connections for most of their needs, such as safety, influence, and power. The traditional Iranian family unit is patriarchal (Jalali, 2005). This means that the father is acknowledged as the “head of the house” and he has the undisputed authority over his wife, children, and grandchildren. Families that immigrated are caught in the middle of their traditional family relations and Westernized family relations. Individuation, a Westernized value, of adolescents and young adults, includes independence, privacy, and equality. These behaviors can weaken parental authority, and raise a conflict in adolescents between their desire for independence and their strong sense of duty to obey and respect their father. An Iranian father may dislike his children questioning his authority (Jalali, 2005). The authoritarian parent imposes many limits and expects strict obedience without explanation; however, the emotionally connected parent is more authoritative (Gottman, 1997). Furthermore, the authoritative parent sets limits, but is more flexible and provides the adolescent with realistic explanations and empathy.

A Brief Strategic Family Therapy intervention by Goldback, Thompson, and Steiker (2011), used with Latino youth 16-18 years old to reduce substance abuse, revealed that acculturation can impact behavior problems within the Latino community. More acculturated Latino youth of immigrant traditional parents are at higher risk for substance use (Goldback, Thompson, & Steiker, 2011). As acculturation takes place within the immigrant youth, family protective factors, such as family pride, cohesion, and closeness are negatively affected by acculturative stress. In some cases, adolescents reject their parents, which may result in familial conflict. Additionally, adolescents may partake in more risky behaviors and develop depressive symptoms. These acculturation stressors for Latinos are relevant to Iranian-American families.
and, for the same reasons, these adolescents find themselves dealing with these stressors by using substances to deaden themselves from the pain of the familial conflicts.

A study by Yeroushalmi (1997), on four Iranian-American women who immigrated to America during their teenage years, investigated the aspect of cultural identification and parent/family relationships. The results indicated that, the younger the immigrant was when he or she moved, the more acculturated to the American culture and less identified with the Iranian culture she or he became. This acculturation raised a conflict for these women with their traditional family. Mental health professionals may agree that oftentimes the acknowledgement of cultural differences may normalize the feelings that are associated with them. If both adolescents and their parents had the opportunity to express their thoughts and feelings regarding the difficult acculturation process and have those thoughts and feelings validated, then the adolescent might use positive and healthy coping skills to adjust.

_Shame_

Due to scare research on the subject of Iranian-Americans and substance abuse, there are no numbers that indicate how many are diagnosed and being treated for substance related disorders. However, we do know, based on numerous accident reports and reports of overdose within the Iranian-American community that some Iranian adolescents are struggling with substance abuse (Jalali, 2005). Unfortunately, like many mental health disorders, admitting to substance abuse problems is a source of shame and loss of face for parents in the community, and is often hidden and not shared with family and friends (Jalali, 2005).

In _Culture and Mental Illness_ (Bilu, 1995), the term, “Persian syndrome,” is used. The concept of Persian syndrome comes from Iranian-Jews, who moved to Israel after the revolution. These Iranian-Jews were misdiagnosed by physicians, because of their strong desire to keep
issues related to family struggles private and well-concealed. “Using the word, narahati, which is a culturally patterned emotion of being ill-at-ease, to the bio-medically trained Israeli practitioners these symptoms, made no sense” (Bilu, 1995, p. 138). Many Iranian-Americans are typically concerned about their reputation within the community. Quotes like “we must slap our cheeks to keep them red” may indicate the way Iranians protect their image and maintain a façade of success and happiness at any cost. The intensity of saving face prevents a family from admitting that a problem exists that may need to be resolved. Many times Iranian individuals, who are struggling with certain issues, are afraid to seek help in order to maintain a certain status in the community (Melamed, 2005). Moreover, individuals from the Iranian-American community, can learn how to prevent issues in their family before they get worse or become fatal. Many individuals, who are conflicted as to whether or not they need help, may learn that they can use some support in learning how to cope in their family and where to seek appropriate help after the workshop. These workshops will validate many of the struggles that are universal within the Iranian-American culture and the validation may then lead families to admit that they need help.

Adapting a Prevention Program to fit Cultural Needs

Over the past decade and a half, extensive research has indicated that there can be a way to a drug free nation, and that is through our children (Califano, 2007). In addition, research on adapted prevention programs that have been tailored for specific cultural groups has confirmed that prevention of drug use can begin by educating children and their families. Education about drugs can be a huge responsibility for parents, since they have enormous power to be healthy influence on their children. Parents are preferred sources for information on alcohol, other drugs,
AIDS, and sex from childhood and through the adolescent years (Stern, 1991). Yet, parents customarily receive little or no training in these topics.

In a report from the SAMHSA of youths aged 12 to 17 in 2008, 11.1% of youths aged 12 to 17 had participated in substance use prevention programs outside of school within the past year. This was lower than the percentage reported in 2002 (12.7%). Almost four-fifths (78.0%) reported having seen or heard drug or alcohol prevention messages from sources outside of school, lower than in 2002 when the percentage was 83.2%. However, even with this exposure, a high percentage of adolescents are still diagnosed with substance abuse. Even with the current prevention techniques, it may also be necessary to give attention to the families of these adolescents and connect them to the right resources.

_Treating Adolescents: Evidence –Based Approaches._ There are many different evidence based approaches for working with adolescent with conduct-disordered or delinquency adolescents. For the purpose of this workshop, information will be used from different types of family-based treatments including, multisystem therapy (MST), functional family Therapy (FFT), brief strategic family therapy (BSFT) and the strengthening families program (SFP).

_Multisystem therapy (MST)._ This approach, developed by Henggeler, Schoenwald, Borduin, Rowland, and Cunningham (2009) has been used in more than 25 states and several countries, and has more than 500 active programs. MST focuses on youth with serious clinical problems, violent offenders, sexual offenders, substance-abuse offenders, emotional disturbance, and their families (Henggeler & Sheidow, 2012). MST principles predict favorable long-term outcomes for violent and chronic juvenile offenders (Multisystemic Therapy Services, 2004). A 14-year follow up study by the Missouri Delinquency Project showed youths who received MST had 54% fewer re-arrests and 68% fewer drug-related arrests (Multisystemic Therapy Services,
Studies of serious juvenile offenders and their families (Henggeler et al., 2003) found that adolescents with 13 weeks of treatment in MST had significantly less peer aggression than youth in other groups. Their families also showed significantly more family cohesion. Almost 2.5 years after treatment began, significantly fewer MST participants had been arrested than had non-MST participants, approximately 61% versus 80%. Using the MST approach with adolescents of Iranian families already diagnosed with substance abuse would be useful since MST incorporates the entire family in treatment and emphasizes the importance of family cohesion.

*Functional Family Therapy (FFT).* This approach was developed by Alexander and Parsons (1982), is an empirically grounded, well-documented and highly successful family intervention for at-risk youth, ages 10 to 18, whose problems range from acting out to conduct disorders to alcohol and/or substance abuse. “The FFT model allows for successful intervention in complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive, and also accountable to youth, their families, and the community” (Sexon, & Alexander, 2000, p. 3). Functional Family Therapy has a strong relational focus, with the presenting problem viewed as a symptom of dysfunctional family relations. The goal of this program is to replace dysfunctional behavior with new, working family behavior. (Henggeler, & Sheidow, 2012). Using the FFT approach for the Iranian community will help to replace the dysfunctional communication between adolescents and their parents by implementing more emotionally connected communication.

*Brief Strategic Family Therapy (BSFT).* BSFT was pioneered by Szapocznik, Hervis, and Schwartz in (2003). It is a short-term, problem focused therapeutic intervention for ages 6-17. The BSFT is often used with adolescent drug use when it co-occurs with other behavioral
problems, such as delinquency. BSFT focuses on the problem as a family problem that affects every member of the family. In a study by Santistiban (2003) conducted with 79 Hispanic families with an adolescent who was referred to counseling, those in the BSFT group maintained a good level of family functioning, while those families in regular group counseling showed significant deterioration. Using the BSFT approach with Iranian parents would be beneficiary since this technique views the problem as a family problem and helps the entire family to cope with it. BSFT helps families to come up with alternatives to the delinquency.

*Family skills training programs (FSP)*. FSP has been found to be very effective in the prevention of substance abuse (Center for Substance Abuse Prevention, 1998). There are core characteristics that make family preventive programs effective and these core characteristics should not be changed when tailoring for specific cultures. Examples of the core characteristics are: parenting practices, family relations, and cooperation of informed parents. It should be noted that cultural awareness and an understanding of unique customs are needed in order to create a prevention program that is culturally sensitive and successful (Brounstein, Gardner, & Backer, 2007). Some prevention programs are meant to be universal and some selective. Selective prevention programs need to meet the needs and characteristics of the targeted culture and community environment, concentrating on parental skills that are needed to survive in their immigrated country. Studies by the Strengthening Families Program (SFP), a culturally adapted SFP version for African American, Native American, Hispanic/Latino, and Asian/Pacific Islanders had positive results, The SFP program had an average of 40% better rate of family recruitment and preventing substance abuse (Kumpfer, Alvarado, Tait, & Whiteside, 2007). These prevention programs include behavioral parent training and family therapy. The aim of all evidence-based treatments is to help change dysfunctional family patterns that feed the
adolescent’s unhealthy habits and behaviors. These treatments focus on helping parents to have effective communication with each other and their adolescents, and also learn about conflict resolution and parental skills.

*Workshop for Iranian Parents.*

When adapting a workshop for Iranian parents, there needs to be an understanding about the complex nature of the doctor-patient relationship is needed. In general, most Iranians are undecided, even doubtful about a “helper’s” expertise (Jalali, 2005). Therefore, Iranians would seek advice from many doctors and ask them for medication, especially when the illness is serious or difficult to diagnose. They are usually looking for quick fixes (Jalali, 2005). Iranian-American communities are uncomfortable with discussing the topic of substance-abuse; therefore, these workshops should be sponsored by the leaders and local businesses of that community or culture, and should be advertised in light of emphasis on the solution, not the problem (Houghton, 1991). Furthermore, audiences need to feel that the workshop is for informed and involved parents, rather than those with problems. If the workshop information is relayed to the families in the most delicate and passive manner, then they would potentially be more likely to accept the education provided.

With Iranian parents, shame is vivid and losing face is a concern for the majority of Iranians (Jalali, 2005). These workshops should be implemented in a manner that would preserve the inner-self and the individual’s dignity in the presence of close friends and other members of the community. According to Jalali (2005), “the inner self is preserved for intimates and very close friends” (p. 462). According to Cunningham (1991), family systems and the raising of children differ based on ethnicity and culture, as do style, degree of family involvement, and attachment. Ethnicity and cultural factors are serious and important in designing and
implementing parent prevention programs. For a workshop to be effective, it must be ethnically appropriate for the needs of the community (Cunningham, 1991). Furthermore, the presenters need to be culturally competent. Failure to meet the needs of the community will negatively influence the ability of the workshop to attract ethnic participants. Guidelines used by Cunningham (1991, p.84) for developing culturally-appropriate, parent prevention program include:

- Implement a program that is culturally sensitive.
- Use services that are appropriate to the needs, values of target ethnic group and target community.
- Share responsibility with community and other systems for the design and implementation of an effective program.
- De-emphasize traditional arguments (such as high incidence of substance related problems within the community) as the basis for the implementing culturally appropriate workshop. Instead focus on the goal of facilitating healthy growth and development for individual and the community (Cummingham, 1991, pp. 84).

The literature review clearly emphasizes the importance of understanding substance abuse in adolescence. There are many universal reasons for adolescents to use illegal substances; however, there are also some culturally specific reasons. The importance of understanding the deep, imbedded culture of substance use in Iran is essential information. Furthermore parenting style that provides an emotional bond and healthy relation with adolescent is described.

To better help Iranian parents, the origin of Iranian-Americans, and their acculturation methods were researched. The importance of the father’s role in the family and lack of independence and presence of shame was discussed. To better serve Iranian parents living in
United States a look at evidence-based treatments for substance abuse and how to make the prevention program culturally friendly is explained.

As supported by the summary of research, an understanding of the prevalence of substance use in United States and its impact of immigration, acculturation, and its relation to adolescence substance abuse is significant. The uniqueness and need for a culturally sensitive prevention program must be considered. Even though research on Iranian-American substance abuse was limited, to the studies available with other minority groups, the conclusion can be made that this is an imperative issue to consider for Iranian immigrants. The remaining chapter will help Marriage and Family Therapists to understand and facilitate prevention programs for the immigrant parents of Iranian-American adolescents.
CHAPTER III

METHODOLOGY

The intensive research review in chapter two suggests that the development of a culturally sensitive workshop for parents of Iranian-American adolescents would contribute to the Iranian-American’s community wellbeing and awareness in dealing with substance abuse. Despite the extensive research on general substance abuse, research regarding the matter for Iranians living outside of Iran is scarce. Major gaps and obstacles need to be filled within the Iranian community seeking help for substance abuse. This chapter explains the steps taken to develop this workshop, the population for whom it is intended, the qualifications needed to conduct the workshop, the best environment for the workshop to take place, and an outline of the project.

Development of Project

The idea for this project was developed from my personal experience and working in the community with Iranian-American children and adolescents, as well as their parents in clinical settings. Many times I heard clients’ reporting their needs and the shortages of educational programs in their community. As a new therapist, dealing with adolescents and substance abuse is already a challenging task. In this case, a third variable was added to the situation: acculturation and facing the generational gap in Iranian-American families. In an effort to make this project effective, I attended parenting workshops for Iranian parents and collaborated with other Iranian therapists. Each experience gave me an opportunity to understand the importance of subject matter within the Iranian-American community. Research has shown that many minorities in America are battling substance abuse, This project was specifically developed to shed light on substance abuse in the Iranian community.
**Intended Audience**

The intended audience for this workshop is mainly Iranian parents who live in the United States. This workshop is intended to help these parents to build effective communication skills with their Iranian-American adolescents, to prevent substance abuse, and advocate for healthy coping skills in their household and their community. One of the intentions of this workshop is to educate the family, so they can begin to protect their own family from substance abuse, and give them a glimpse of the bigger picture of how their actions can help protect their community. This workshop would not be relevant and appropriate for someone who does not speak Farsi or is not in contact with Iranian-American adolescents.

**Personal Qualifications**

This workshop should be facilitated by mental health professionals, who are knowledgeable in the areas of Iranian culture, adolescent development, and adolescent substance abuse. The workshop leader also needs to be familiar with Bowen’s Family Theory, and how to apply it. In addition, the facilitator needs to be fluent in English and Farsi and have great public speaking skills. Furthermore the leader needs to be familiar with using the power point system.

**Environment and Equipment**

This project can be conducted in a lecture classroom, auditorium, or a hotel conference room. This room needs to be able to accommodate an audience with all seated comfortably, and be able to see the facilitator and the screen located in front of the room. Each attendee will be provided with a packet of handouts, a pen, and blank paper.

**Project Outline**

I. Introduction
a. Opener
   a. Introducing the speaker
   b. Purpose of the workshop
   c. Terminology that will be used

II. Adolescent Substance Abuse
   a. Characteristics of adolescent substance abuse
   b. Iranian Substance Abuse
   c. Risk factors for substance abuse

III. Family beliefs
   a. Iranian Families
   b. Shame
   c. Signs that your child is becoming involved with substance use
   d. When to seek help

IV. Substance abuse prevention program
   a. Clarifying parent expectations and setting clear rules
   b. How to decide on the rules
   c. Establishing consequences

V. What to do if parent detects substance use
   a. Confronting the adolescent
   b. Parents’ Feelings

VI. Group Exercises
   a. Vignette
   b. Discussion of Group Exercise

VII. Wrap Up
   a. Healthy ways to integrate culture in the family.
   b. Referrals

VIII. Questions from the audience

IX. References
CHAPTER IV

CONCLUSION

Summary

Iranian Immigrant parents and their Iranian-American children may experience stressful family conflicts over the cultural differences between the United States and their country of origin (Ghaffarian, 1998). Such stressors may heighten adolescents’ vulnerability to substance use. The literature examines substance use and prevention techniques for American adolescents; however, a culturally sensitive prevention program is uncommon. Immigrant family process and childrearing practices differ based on ethnicity and culture, as do style, degree, and manner of family involvement and attachment (Cunningham, 1991). This project is a seven-hour workshop that is designed for implementation by marriage and family therapists for Iranian parents. The purpose of this project is to create a culturally grounded substance abuse prevention workshop for Iranian families with adolescents. This workshop will provide valuable information on culture, immigration, acculturation, family systems, and substance use, as well as a culturally sensitive drug prevention Program.

Discussion

Iranians are a rapidly growing group in the United States population and mental health professionals should be prepared to work with members from this ethnic community. The research on the prevalence of drug use among Iranian-American adolescence is limited, however, from my own professional experience of being part of this community and working with the families, shedding light on substance abuse in this minority group is important. Having a goal of drug free families is promising in Iranian-American families, since “Iranian families have a strong negative attitude toward substance abuse” (Jalali, 2005, p.465). In order to accomplish
this goal, it was necessary for me to have a complete understanding of culture, ethnicity, family systems, traditions, and norms of the Iranian culture. With this knowledge, I am able to provide a culturally grounded substance abuse prevention program suited for the Iranian-American community. In many cases, when Iranian-American families learn about social issues on the news and other forms of media, they protect themselves by using the defense mechanism of denial and say that “these problems are not in our community.” One of the most important factors that will make this particular workshop a success is that this project is tailored for Iranian-American families. Therefore, when Iranian-American families learn about data on substance abuse from a member of their own community, this will discourage them from hiding it. Breaking through that shame and denial is the first and most important purpose of this workshop.

**Future work/ Research**

As I worked on this project I have recognized the lack of research on the fast growing community of Iranians living outside of Iran. As more research is completed on the Iranian-American ethnic group, it will be necessary to add that information to this workshop. With passing time, Iranian-Americans or Iranians living outside of Iran, in general, will become more aware of their specific cultural needs and will create more programs that will be culturally appropriate.

*Recommendation for researchers:* Much more research needs to be conducted with the Iranian minority group. Many questions were difficult to answer as I was deciding to concentrate on my topic, such as how many Iranian-American adolescents are diagnosed with substance abuse? What are the statistics for how many Iranian parents attend parenting workshops? And, many more questions occurred to me as I developed this project. The lack of information on the
mental health needs of this minority group has made it difficult to help Iranian immigrants overcome their challenges in coping and healing their mental problems. Businesses, educators, and parents in the community need to work together to fund, collaborate, and carry out research to build a stronger community all around.

*Recommendation for presenter:* Further work that can be done to enhance the effectiveness of this workshop. It would be helpful to put together a survey that can be given at the beginning of the workshop to help identify community needs, and educate the community at risk about confidentiality, letting them know that answering the questions truthfully only benefits the community.

**Conclusion**

The purpose of this thesis project is to train therapists to conduct a culturally sensitive, substance abuse prevention program for Iranian parents, so that they can better assist their Iranian-American adolescents. As I continue my path to becoming a licensed Marriage and Family therapist, I will continue educating myself through workshops and training, consulting with colleagues, working with the Iranian community, and staying up-to-date with the new research relevant to the community. I am hoping that one day, with more information in hand, I will carry out this workshop for this affluent, educated, loving, strong, supportive community that I am proud to call my own.
REFERENCES


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APPENDIX

SUBSTANCE ABUSE PREVENTION WORKSHOP FOR THE PARENTS OF IRANIAN-AMERICAN ADOLESCENT

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TABLE OF CONTENTS

Workshop Outline 40
Details of Workshop 41
   Introduction 41
   Adolescent Substance Use 42
   Healthy family System 43
   Substance use Prevention 44
What to do if Detecting Substance Use 45
Meeting Halfway 45
Group Exercise 46
Question and Answer 46
Presentation Slides 48
Handout Materials 110
   Agenda 111
   Presentation Slides Handout 112
   Clinical Vignette 134
   Federal Laws 138
WORKSHOP OUTLINE

The proposed seven-hour workshop entitled “Substance Abuse Prevention Workshop for the Parents of Iranian-American Adolescent will be comprised of the following components:

X. Introduction
   a. Opener
   b. Introducing the speaker
   c. Purpose of the workshop
   d. Terminology that will be used

XI. Adolescent Substance Abuse
    a. Characteristics of adolescent substance abuse
    b. Iranian Substance Abuse
    c. Risk factors for substance abuse

XII. Family beliefs
    a. Iranian Families
    b. Shame
    c. Signs of your child is becoming involve with substance use
    d. When to seek help

XIII. Substance abuse prevention program
    a. Clarifying parent expectations/ setting clear rules
    b. How to decide on the rules
    c. Establishing consequences

XIV. What to do if detecting substance use
    a. Confronting the adolescent
    b. Parents Feelings

XV. Group Exercises
    a. Vignette
    b. Discussion of Group Exercise

XVI. Wrap Up
    a. Healthy ways to intergrade culture in the family.
    b. Referrals

XVII. Questions from the audience

XVIII. References
DETAIL OF WORKSHOP CONTENT

Introduction

During the introductory section of the workshop, the presenter will introduce the handouts to the group. These handouts have already been placed on the chairs (found at end of the Appendix pp.). The presenter will then take the time to introduce the presenter(s) and their qualifications, important to mention the amount of years working with the Iranian community and their affiliation with the Iranian organizations. Engage the group by asking them to do an activity. After, present the purpose of workshop, and familiarizing the group with the terminology that will be used during the workshop. The introduction will be approximately 60 minutes.

Opener exercise. Participants will be asked to take a moment to think about when they were adolescent. Presenter will ask them questions like, what type of relationship did they have with their parents, how did conversations usually go with their parents, who would they go to for advice, if they used drug why was it, what they would do differently with their own children? Asking everyone to close their eyes and ask them the questions one at the time giving them 2 minutes in between each question for them to think of an event. After this exercise the presenter will ask the participant if anyone would like to share. The reason for this exercise is to get the parents thinking and if any volunteers shared their experience the group would find a commonality between participants, without putting anyone on the spot. This exercise should take about 40 minutes. Slide # 2 showing the title of the workshop and the set of the question asked will be displayed on the projection screen.
Purpose of workshop: The presenter will take 5-8 minutes to present the purpose and objective of the workshop. In a nutshell explaining the problem with the community in general and why there is a need for this particular workshop and what the presenter would like the audience to get out of the workshop. Slide #3 will be up.

Terminology: For the participant to have a clear understanding throughout the workshop the presenter will define and explain with appropriate examples the terminology, biculturalism, acculturation, adolescence, substance, substance use, substance dependence, differentiation. The definitions will be on slides #4-11. The terminology section will take approximately 15 minutes.

Adolescent Substance Abuse

This portion of the workshop will concentrate on the importance of the subject matter by giving information on characteristics of adolescence substance use in United State, Iranian Substance abuse, Substance abuse in Iran, and risk factors for teenage substance use. This will shine light on the importance and relevance of subject matter. This portion of the workshop will take about 30-40 minutes. Slides #12-19 will be shown during this part of workshop.

Characteristics of adolescent substance abuse: Statistics from the 2008 National Survey on Drug and Health will be given. Another study about the risk of early age of substance abuse will be discussed. Slide #12-14 will be displayed on the screen.

Iranian substance abuse. The presenter will give the small information available on Iranian substance use in United States. Slide #15 will be on the screen.

Substance abuse in Iran. The presenter will give the facts about substance use in Iran. It is important to mention that the laws in regard to substance use are much different than the old country. Slides #16-17 will be on the screen.
Risk Factors for substance abuse: The presenter will explain the reasons that adolescents might use or abuse substances. This will be demonstrated by a general reason shown on Lowe, Foxcroft, and Sibley (1993) study. Next the presenter will add the Newcomb explanation of the reasons for Latino’s adolescence drug use in United States and relating it to Iranian-American adolescence. Slide # 18-19 will have the information on the risk factors.

Summary: By this point of the workshop the effort of the presenter was to give the audience enough general basic information about drug use sure to not pinpoint the children of this audience. The goal is to help the audience realize that their child or grandchild or their sister or brother child is not the only one suffering from substance abuse. At this point, it is time to explore the Iranian community living outside Iran. This transition needs to be done in a delicate matter to not come across as judgmental, shameful, or show the presenter being better than the rest of the community. The presenter will stick to facts and examples and not ridicule any behavior that is common in the community. The presenter will note what behaviors are risk factor for substance abuse with this population.

Healthy Family Systems

The presenter will present the information provided by Tolan, Szapocznik, & Sambrano 2007, and Bown’s theory of working family systems. For each one the presenter will give examples that are relevant to Iranian culture. Next the presenter will explain the issues of Iranian families. Slide # 20-26 will be showing. This section will be approximately 40 minutes.

Authoritarian vs. authoritative parenting. The presenter will explain the difference of both parenting styles and how authoritative parenting style is a better way of parenting. Slides # 22-27 will be on the screen.
**Emotional Connection.** The presenter will educate on the specific skills that are needed to have a better bond with adolescents. Slides #28-32 will be on the screen.

**Acculturation.** This portion of the workshop will concentrate on Iranians that immigrated to America and the different ways of acculturation and significance of shame in this community. Slide # 33-34 will contain the information for this section.

**Shame.** Throughout the workshop the presenter will have the importance of shame in this culture in back of his/her mind. In this section by explaining the Bilu’s explanation of *narahati* and the idea of minimizing and hiding the problem. Slide # 35 will be on the screen.

*A sign of that an adolescent is becoming involved with substance use.* The presenter will concentrate on the general red flags of adolescence substance use. A list of signs of warning will be in the handouts. Slides #36-37

*When to seek help.* This will lead the way to the rest of the presentation to follow after the lunch break. Slide # 38 will be up on the screen.

**Lunch break**

At this point of the workshop a 45 minute lunch break will be given to the participant.

**Substance Use Prevention Program**

The presenter gives step by step guide lines for how to set rules, talk about substance use, and the consequences for breaking the rules. Slides # 39-43 will be covering this information. This section will take approximately 90 minutes.

*Clarifying parent expectations/ setting clear rules.* Presenter explains the laws that are put by the state. Making an important note that parents may not institute household rules that conflict with the law. Does not matter how culturally accepted that behavior maybe. The
presenter will emphasize the important of open communication. Slide # 40 will show this information.

*How to decide on rules.* In this section the presenter will educate on what is important when setting rules. The presenter opens questions to the audience to get input. Slide # 41-42 will cover this information.

*Establishing consequences.* In this part of the workshop the presenter reinforces the importance of clear communication and emotional connection in regard to setting consequences for their adolescents’ actions. Slide # 43 will be shown on the screen.

**What to do if Detecting Substance Use**

With this cultural group, the presenter will focus on some guidelines in confronting the adolescent, practicing emotional bond, and exploring parent’s feelings. Information on this section will be covered on slides #44-50. This section will take approximately 60 minutes.

*Confronting the adolescent.* At this point the topic of denial will be discussed. Denial is major part of the Iranian culture. For that reason, the presenter will address the importance of acknowledging the evidence that their children may be engaged in substance abuse. Then the presenter will go in to detail how the emotional bond conversation will plan out slide # 44-51 will cover this information.

*Dealing with parents feelings:* Presenter will point out things that need to be taken care of before confronting the adolescent. Slide # 52 will be up on screen.

**Meeting Halfway**

The presenter will give a list of ways the parents can incorporate both cultures in their everyday life. Slide # 53-54 will be on the screen. The presenter will open the questions to the audience. This section will take about 20-30 minutes.
**Group Exercise**

At this point the participants will be divided to groups of 10-16 people and asked to look at the vignette that will be given to them. Each group should receive different vignette. The group is given 20 min to use the skills they have learned in the workshop to come up with a strategy with dealing with the situation. The presenter will place emphasis on the way the communication will be handled among the family members and steps that need to be taken. After all groups had time to discuss about 5 minute will be given to each group to present their case and their strategy in resolving the problem. The presenter will be prepared to provide feedback; to the groups regarding their strategies including suggestions for improvement when necessary. As each group present that vignette will appear on the screen slide #55-58.

*Questions and Answers*

The Final 30 minute of the workshop will be used for any questions that might be asked by the participants. The presenter will answer and only answer the questions that are within the scope of the presenters. Slide # 59 will be up on the screen.
The presenter will take the time to introduce the presenter(s) and their qualifications, important to mention the amount of years working with the Iranian community and their affiliation with the Iranian organizations.
Participant will be asked to take a moment to think about when they were adolescents. Asking everyone to close their eyes and ask them the questions one at the time giving them 2 minute in between each question for them to think of an event. After this exercise the presenter will ask the participant if anyone would like to share. The reason for this exercise is to get the parents thinking and if any volunteers shared their experience the group would find a commonality between participants, without putting anyone on the spot. This exercise should take about 40 minute.
Purpose of the Workshop

• To provide a culturally relevant substance abuse prevention for adolescents
• To provide valuable information on building emotional connections between parents and adolescents
• To provide opportunities to practice skills learned

The presenter will take 5-8 minutes to present the purpose and objective of the workshop. In a nutshell explaining the problem with the community in general and why there is a need for this particular workshop and what the presenter would like the audience to get out of the workshop.
Terminology

• **Adolescence** —
  – Transition between childhood and adulthood
  – Iranian adolescents between ages of 12-20
  – Major physical changes
    • Female: ex: growth of breasts, underarm hair
    • Male: ex: growth of testes, change of voice

(Papalia, Olds & Feldman, 2002)
Terminology

- Mental changes
  - Obeying rules to avoid punishment
  - People do what they, as the individual, believe is right
- Psychosocial changes
  - Finding self
  - Seeing self as a sexual being
  - Spending more time with peers and less time with family

(Papalia, Olds & Feldman, 2002)
In this section the presenter will explain that for the most part families provide the norm for culture of origin and outside contacts introduce adolescents to the culture of norms of the host country.
Terminology

• **Biculturalism** –
  – Interactions between the cultural beliefs of the Iranians living in America (non-dominant) and the American Culture (dominant).

(Sue & Sue, 2008)
Terminology

**Substances**
Refer to drugs, medications, or toxins that are used inappropriately or abused. Examples:

- Alcohol (beer, vodka)
- Amphetamines (crystal meth)
- Caffeine (Energy drinks, caffeinated soda, coffee)
- Cannabis (marijuana)
- Cocaine (Crack)
- Hallucinogens
- Inhalants
- Nicotine (Cigarettes)
- Opioids (heroin, painkillers)
- PCP

(APA, 2000)
Terminology

• **Substance abuse** – A pattern of substance use followed by recurrent and negative consequences

• **Diagnostic Criteria (one or more in a 12 month period):**
  – Failure to go to work, school, or home
  – Use in situations in which it is physically dangerous
  – Legal problems
  – Continued use despite social or interpersonal problems

(APA, 2000)
Terminology

• **Substance Dependence**- the individual continues use despite significant problems

• Diagnostic Criteria (three or more in a 12 month period)
  – Increasingly wanting drugs
  – Having problems if they do not have access to drugs
  – Taking the substance in a larger amount than intended
  – Spending a long time obtaining, using, or recovering from the effects of the substance
  – Giving up important obligations, for example: work, school, social
  – Continuing the use of drugs despite of knowing the side effects

( APA, 2000)
The presenter will explain the definition of differentiation of self. Differentiation of self occurs when an individual is able to distinguish between the intellectual process and the feeling process that he or she is experiencing (Goldenberg & Goldenberg, 2008). Differentiation is demonstrated by a person who can think, plan, and follow his or her own values, particularly around anxiety-provoking issues, without having his or her behavior changed by the emotional cues from others.
Adolescent Substance Abuse

• Early age of first use is associated with increased risk of:
  – Suicide
  – Violence
  – Law-breaking
  – Youth who drink before age 14 are four times more likely than those who begin drinking at age 21 to develop alcohol abuse and dependence

(King and Vidourek, 2011)
Adolescent Substance Abuse

• According to the 2008 National Survey on Drug and Health:
  – Rate of substance use among teenagers is 19%
  – Approximately 62% of marijuana users initiated using before the age of 18
  – 9% used tobacco
  – 14% of teens drank alcohol on a regular basis
(SAMHSA, 2008)
Adolescent Substance Abuse

• Early initiation of substance use interferes with
  – Brain development
  – Emotional, and social relationship with friends and parents
  – Adult tasks such as marriage, parenting, and gainful employment.

(Tolan, Szapocznik, and Sambrano, 2007)
Iranian Substance Abuse

- No studies have been done on Iranian-American adolescent substance use
- Illegal drug use among Iranian-Jews of all ages has increased in recent years
- Problems with substance abuse have lead many Iranian-Americans to face prosecution
- Iranian-Jews are unaware of the legal consequences of substance use in the U.S.
Substance Abuse in Iran

• Opium is the number one drug used by Iranians
• Substance use disorders are among the most common mental disorders in Iran
• For the past three decades the average age of first time use was between 24-27 years of age
• During the Shah regime rehabilitation centers for addicts were established
• After the revolution of 1979 the use of heroin was as high as 1 in 12 people

Presenter will review the reality that the parents of Iranian American adolescent faced when they lived in Iran. Explaining that there is no punishment in America in admitting to substance abuse. The difference in age average in substance initiation.
Substance Abuse in Iran

• Harsh criminal penalties for all forms of substance use:
  – Imprisonment
  – Heavy physical punishment
  – Killing
• 1994 medical intervention for substance abuse became legal
• 1997 law was passed, if voluntarily seeking help for substance abuse exemption from punishment
• 2004 Iranian officials realized that effective prevention programs targeted at youth is very important
Risk Factors for Substance Abuse

• Reasons young people use substances:
  – 64% use substances to relax
  – 62% use to “cheer up”
  – 41% use because they like the effect

(Lowe, Foxcroft, and Sibley, 1993)
Risk Factors for Substance Abuse

• Risk factors that are important to consider among immigrants:
  ➢ Acculturation: learning about the new culture
  ➢ Cultural competence: ability to interact effectively with people of different cultures
  ➢ Cultural identity: Identifying with a group or culture

  (Newcomb, 1995)

Presenter will highlight the risk factors common within most immigrant in United States.
Healthy Family System

• Studies show that many factors of family relations reduce the risk of substance abuse in adolescents
• Parents that provide
  ➢ Love
  ➢ Support
  ➢ Warmth
  ➢ Cohesiveness
  ➢ Open communication
  ➢ Appropriate closeness of adolescents to one or both parents
  ➢ Supervision of the adolescents' activities, and behavior
  ➢ Age appropriate expectations

( Tolan, Szapocznik, & Sambrano, 2007)
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• Most favorable family development occurs when:
  ➢ Family members are distinguished
  ➢ Little feelings of anxiety regarding family
  ➢ Rewarding and healthy emotional contact with each other
  ➢ Family balance in terms of their togetherness and separateness
  ➢ Adaptive to changes in the environment

(Goldenberg & Goldenberg, 2008).
Issues of Iranian Families

- Authoritarian vs. Authoritative parenting
- Emotional Connection between family members
- Acculturation
- Shame / Denial
Authoritarian Parenting

- Low in warmth
- Low in communication
- Sets abusive, inconsistent high demands and rules for children
- High control
- Unquestioning obedience
- Instilling fear in children
- Has a private life that violates rules
- Distances himself emotionally and physically from children
- Punishment
- Distrustful

Presenter will provide examples for each point
Authoritarian Parenting

- Produces children who are:
  - Hostile
  - Negative
  - Defiant
  - Delinquent
  - Low academic performance
Authoritative Parenting

- Communicates warmth and love
- Talks to the children, not at them
- Values:
  - Individuality
  - Interests
  - Independent decision making
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  - Negotiation
- Takes time to listen to children and adolescents
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- Clear and consistent rules
- Clear and consistent consequences
- Explains reasoning behind the rules
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- Produces children who are:
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  - Competent and capable of social initiative
  - High or positive self esteem
  - Have positive feelings about authority
  - Exploratory
  - Content
Emotional Connection

- Skill #1: Be aware of your child’s emotions.
- Skill #2: Recognize the emotion as an opportunity for intimacy and teaching.
- Skill #3: Listen empathetically and validate the child’s feelings.
- Skill #4: Set limits while helping the child problem-solve.

Presenter will explain each skill. This section is important since most immigrants lack emotional connection with their children.
Skill # 1

• Be aware of your child’s emotions
  – Children, like all people, have reasons for emotions
  – When you suspect an emotion put your self in your child’s position
  – See the world from their perspective
  – When you know you are feeling what your child is feeling, you are experiencing empathy
Skill # 2

- Recognize the emotion as an opportunity for intimacy and teaching
  - Example: cultural clash, arguments with teachers, dispute with a friend
- Teach the child ways to handle their feelings
  - Processing the emotion through talking, art, music, writing
Skill # 3

- Listen empathetically and validate the child’s feelings
  - Example: I understand you are feeling angry
- Reflect back in a soothing, non-critical way what you are hearing
  - Example: What I am hearing is you get angry when we say, “You can not go out on Friday nights with your friends”
- Use observation rather than asking questions
  - Example: Instead of “Why do you feel angry?” use words like “I notice you frown when I say get ready we are going to Friday night dinner.”
Skill # 4

• Set limits while helping the child problem-solve
  o Example: We need to see our extended family once a week, what day do you think is a good day to do that?
• It is important for children to understand that their feelings are not the problem their misbehavior is.
• All feelings and wishes are acceptable, but not all behaviors are
  o Example: I understand that you feel it is unfair for you to come to Friday night dinner, but not coming home from school until we have left the house is not acceptable
• Work with your child to come up with options for solving the problem
  o Ask your child what she/he thinks the best way that both parties are happy. Ex: Your child can be picked up from wherever they are and go to Friday night dinner.
Acculturation

- Iranian immigrant’s acculturation patterns were divided into three groups
  - Rejecting the old culture
  - Rejecting the new culture
  - Bi-culturation, cherishing the uniqueness of both cultures

(Kheirkhah, 2003)

Presenter will give an example for each point. Also explain problems that are associated with acculturation for example: how acculturation patterns of Iranian-Americans not only affect the immigrant parents but also their offspring. Therefore, generational acculturation conflicts are common in Iranian immigrant families, since children tend to acculturate more quickly than their parents.
Acculturation

- Acculturation patterns not only affect the immigrant parent but also their children
- Conflicts are common in Iranian immigrant families since the children tend to acculturate more quickly than their parents

(Sue & Sue, 2008)
Shame

• Many mental health misdiagnoses by doctors have been reported for Iranian immigrants
  – Reason: Iranian’s strong willingness to keep family struggles private and well-concealed
• The word *narahati* is used to deemphasize the importance of:
  – Mental problems
  – Behavioral problems
  – Physical problems

(Bilu, 1995, p. 138)
Signs that your child may be involved with substance use

- Possession of drug-related paraphernalia such as pipes, rolling papers, lighter
- Possession of drugs
- The odor of alcohol or other drugs or the smell of incense or other cover up scents
- Heavy identification with the drug culture
Signs that your child may be involved with substance use

- Physical signs
- School performance
- Behaviors such as chronic dishonesty
- Change in friendship group
- Not wanting to join family activities

For complete example of the signs refer to the handout.
When to Seek Help

• The child has promised to quit but has not
• The child has been suspended from school
• The child has been arrested because of substance related matters
Substance Abuse Prevention Program

• Clarifying the parent’s expectations/setting clear rules
• How to decide on the rules
• Establishing consequences
Clarifying Parent Expectations/Setting
Clear Rules

• No use of any illegal drugs by anyone in our home
• No use of alcohol by anyone under the legal drinking age
• No getting in a car with a anyone that has had a drink or used any substance
• Adolescent can call anytime of night to be picked up by parent

Presenter will refer to the handout on federal and state laws on alcohol and substance uses. Also making an important note, that parents may not institute household rules that conflict with the law. Does not matter how culturally accepted that behavior maybe.
How to decide on the rules

• Some rules are negotiable for example:
  – Curfew time
  – How many times child checks in with the parent when the child is out
  – How many nights of the week they can stay out
• It is ideal to have the adolescent’s input in making these rules

Presenter will open to the audience for their impute on rules that can be negotiable.
How to decide on the rules

• Children can learn to make good decisions by actively participating in family decision making

• It is the parents’ right and responsibility to impose curfews, knowing where their children are, and to be awake when their children come home at night
Establishing Consequences

- The consequence needs to be communicated and established before unwanted behavior has taken place.
- The consequence needs to be specific and fit the situation.
  - Example: What not to say: “You will be grounded for rest of your life.”
- The consequence needs to be important to the adolescent.
  - Example: Loss of privileges of using the car, or staying home for a month on Saturday and Sundays.

The presenter reinforces the importance of clear communication in regard to setting consequence for their action this need specific guideline. This section can become more general for setting consequence for not obeying any rule put by parents for the adolescence.
What to do if Detecting Substance Use

• Confronting your adolescent
• How to deal with your own feelings as a parent
Confronting the Adolescent

• Do not deny the evidence
• Wait until the adolescent is sober and not under the influence
• If the adolescent is intoxicated get medical help immediately, do not “sleep it off”

At this point the topic of denial will be discussed. Denial is major part of the Iranian culture. For that reason, the presenter will address the importance of acknowledging the evidence that their children may be engaged in substance abuse
Confronting the Adolescent

• Your adolescent needs to know she/he is loved and this is not their problem but the problem of entire family
• This is a good time to implement the emotional connection skills learned
Practicing Emotional Bond

**Parent:** Wow your eyes look different (observation)

**Teen:** Leave me alone I am tired

**Parent:** So what I am hearing is you are tired and you do not want to be bothered? (reflecting)

**Teen:** I had a long night……

**Parent:** I notice whenever your eyes look different you are tired and not interested in talking (observation)
Practicing your Emotional Bond

**Parent:** I understand that you feel tired. Let me know when is a good time to talk about you coming home after curfew (problem solving, and empathy)

**Teen:** Why are you bothering me? I lost track of time and I am only one hour late
Practicing your Emotional Bond

**Parent:** I understand, we need to set a time for us to come up with ways for you to remember to come home before curfew. (putting limits, problem solving)

**Parent:** Let me know if you come up with any ideas and a good time for us to talk. (working with the child)
Confronting Your Adolescent

- Bribery does not work
- Threats do not work
- Parents need to be specific to their own child’s behavior
- It is important not to blame everything or everyone else
- Refrain from arguments

Presenter will proved example for consequences that does not work.

Bribery does not work, example: will give you $500 if you do not come home wasted for three weeks.

Threats do not work, example: I will call your friends parents and your grand parents and tell then what you have been doing. Or, go stay at the house that you were using and do not come back.

Refrain from arguments like, it is your friends, it is America’s fault, this would not have happened if we did not move to America
Parents’ Feelings

• First deal with your own anger, resentment, sense of guilt, blame, and shame
• If both parents are present in the adolescent’s life understand where both stand on the issue
• Propose a united, firm, respectful front
• Take a little time to learn about the substance you think your child is using
• Get professional help

Presenter will emphasize that best information is from books and government websites.
Meeting Halfway

• Healthy ways to integrate both cultures in the family
  ➢ Make one night of the week family night or culture night and ask your children to help you prepare a traditional food
  ➢ Celebrate cultural holidays American and Iranian
  ➢ If possible make a trip to the old country, all children love vacations and family time

Presenter will give examples for ways to celebrate both cultures. Embrace holidays by sharing your memories about how this holiday was celebrated in your country and your childhood. Ask your child to tell you about American holidays and celebrations.
Meeting Halfway

- Check out museums as a family
- Fill your house with books
- Acknowledge the difference between the two cultures without being biased or wanting to prove one is better than the other
- If your children are interested, learn to play an Iranian instrument together
- Listen to music they listen to
- Communicate the difficulty of learning new culture with your children
- Share coping skills you used to overcome difficult times
Vignette # 1

- Your 12 year old daughter or son tells you that her/his good friend’s older brother uses drugs.
  - Your daughter or son asks you if she/he can go to her/his friend’s house for a play date.
  - You have known this family for a very long time and you see them often.
  - What do you do?
  - How do you communicate to your adolescent the decision you have made.

At this point the participants will be divided to groups of 10-16 people and asked to look at the vignette that will be given to them. Each group should receive different vignette. The group is given 20 min to use the skills they have learned in the workshop to come up with strategy with dealing with the situation. Presenter will emphasis on the way the communication will be handled within the family members and steps that needed to be taken. After all group had time to discuses about 5 minute is given to each group to present their case and their strategy in resolving the problem.
Vignette #2

• You are going with your 17 year old teenager and their friend’s family to dinner. One of the parents orders an alcoholic drink for their teen and she says “I prefer him/her drink in front of me and not behind my back.”
  – How do you deal with this situation with the parent?
  – How would you communicate with your teenager that has observed this situation?
Vignette #3

• Your 18 year old has just gotten home from a party and she/he is not acting like his/her self.
  – This is the first time that this has happened, what do you do?
  – How would you communicate that this behavior is not accepted in your family?
Vignette # 4

• Your 16 year old daughter comes home with her friend, her friend seems drunk and they beg you to not call the friend’s parents.
  – What would you do?
  – What kind of conversation would you have with your own adolescent?
Questions and Answers
Referrals

• Siamak Shaharam Afshar, Chemical Dependency Counselor 19782 MacArthur Blvd. Ste. #220 Irvine CA 92612 Telephone: (949) 476-2676 Email: siamaka@covad.net

• Majid (Max) Molavipour, BA. Chemical Dependency Counselor 5536 Tampa Ave. Tarzana, CA 91356 Telephone: (818) 609-9989 maximan34@yahoo.com

• Mohammad Ali Shamie, M.D. Psychiatrist 2810 E. Del Mar Blvd. Ste. #3 Pasadena, CA 91107 Telephone: (626) 577-7788 drshamie@aol.com
Referrals

• Nelly Farnoody-Zahiri, Ph.D. Psychologist
  2229 Canyonback Rd, Los Angeles CA
  90049 Telephone: (310) 413-9353 Email:
  nellyfarnoody@aol.com

• Behnam Partovi, Ph.D. Psychologist
  415 North Camden Dr. #208 Beverly Hills, CA
  90210 Telephone: (310) 930-7500
  behnampartoviphd@verizon.net

• Tarzana Treatment Center 1800-996-1051
References

- Substance Abuse and Mental Health Services Administration. (2009). Results from the 2008
HANDOUT MATERIALS

The following pages include copies of all materials that will be handed out to the participants at the beginning of the workshop. Handout materials include the following:

1. Agenda
2. Printout of all the presentation slides with lines provided on the left hand side of each page for note-taking
3. Clinical Vignette
4. Federal Laws
SUBSTANCE ABUSE PREVENTION WORKSHOP FOR THE PARENTS OF IRANIAN-AMERICAN ADOLESCENTS

Presented by Niki Elghanyan

California State University, Northridge

Agenda

9:00 – 10:00  Introduction
10:00-10:40  Adolescent substance use
10:40 –11:20  Healthy family system
11:20-12:00  Lunch break
12:00- 1:00  Substance abuse prevention program
1:00 - 2:00  What to do if detecting substance use
2:00-2:30  Meeting Halfway
2:30- 3:20  Group exercise
3:20-4:00  Question and Answer
SUBSTANCE ABUSE PREVENTION WORKSHOP FOR THE PARENTS OF IRANIAN-AMERICAN ADOLESCENTS

Niki Elghanian
California State University, Northridge

SUBSTANCE ABUSE PREVENTION WORKSHOP FOR THE PARENTS OF IRANIAN AMERICAN ADOLESCENTS

- What type of relationship did I have with my parents?
- How did conversations typically go with my parents?
- Who would I ask for advice?
- Did I use drugs? If yes, why?
- What would I like to do differently with my own children?

Purpose of the Workshop

- To provide a culturally relevant substance abuse prevention for adolescents
- To provide valuable information on building emotional connections between parents and adolescents
- To provide opportunities to practice skills learned
Terminology

- Adolescence
  - Transition between childhood and adulthood
  - Iranian adolescents between ages of 12-20
  - Major physical changes
    - Female: ex. growth of breasts, underarm hair
    - Male: ex. growth of voice, change of voice

(Papalia, Olds & Feldman, 2002)

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Terminology

- Mental changes
  - Obeying rules to avoid punishment
  - People do what they, as the individual, believe is right
  - Psychosocial changes
    - Finding self
    - Seeing self as a sexual being
    - Spending more time with peers and less time with family

(Papalia, Olds & Feldman, 2002)

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Terminology

- Acculturation
  - Immigrants adapting to
    - Language
    - Cultural values
    - Identity
    - Behaviors of their host society

(Pineda & Rassouli-Gonzalez, 2003)
Terminology

- Biculturalism
  - Interactions between the cultural beliefs of the
    Iranians living in America (non-dominant) and the
    American Culture (dominant).

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  - Giving up important obligations, for example, work, school, social
  - Continuing the use of drugs despite of knowing the side effects

(APA, 2005)

Terminology

- Differentiation of self
- When a person is able to demonstrate that she/he can
  - Think
  - Plan
  - Follow his or her own values
- Especially with anxiety-provoking issues
- Examples: peer pressure, family conflict

(Goldenberg & Goldenberg, 2008)

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  - Violence
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  - Youth who drink before age 14 are four times more likely than those who begin drinking at age 21 to develop alcohol abuse and dependence

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  - Example: Instead of “Why do you feel angry?” use words like “I notice you frown when I say get ready we are going to Friday night dinner.”

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  - Example: We need to go one extra day only a week, what day do you think is a good day to do this?
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  - Work with your child to come up with options for solving the problem
  - Ask your child what she thinks is the best way that both parties are happy. Ex: Your child can be picked up from wherever they are and go to Friday night dance.

Acculturation

- Iranian immigrant’s acculturation patterns were divided into three groups
  - Rejecting the old culture
  - Rejecting the new culture
  - Bi-culturation, cherishing the uniqueness of both cultures

(Koshbak, 2003)
Acculturation

- Acculturation patterns not only affect the immigrant parent but also their children
- Conflicts are common in Iranian immigrant families since the children tend to acculturate more quickly than their parents

(Sae & Sae, 2008)

Shame

- Many mental health misdiagnoses by doctors have been reported for Iranian immigrants
  - Reason: Iranian's strong willingness to keep family struggles private and well-concealed
- The word narzahari is used to de-emphasize the importance of:
  - Mental problems
  - Behavioral problems
  - Physical problems

(Bel., 1997, p. 170)

Signs that your child may be involved with substance use

- Possession of drug-related paraphernalia such as pipes, rolling papers, lighter
- Possession of drugs
- The odor of alcohol or other drugs or the smell of incense or other cover up scents
- Heavy identification with the drug culture
Signs that your child may be involved with substance use

- Physical signs
- School performance
- Behaviors such as chronic dishonesty
- Change in friendship group
- Not wanting to join family activities

When to Seek Help

- The child has promised to quit but has not
- The child has been suspended from school
- The child has been arrested because of substance related matters

Substance Abuse Prevention Program

- Clarifying the parent's expectations/setting clear rules
- How to decide on the rules
- Establishing consequences
Clarifying Parent Expectations/Setting Clear Rules

- No use of any illegal drugs by anyone in our home
- No use of alcohol by anyone under the legal drinking age
- No getting in a car with anyone that has had a drink or used any substance
- Adolescent can call anytime of night to be picked up by parent

How to decide on the rules

- Some rules are negotiable for example:
  - Curfew time
  - How many times child checks in with the parent when the child is out
  - How many nights of the week they can stay out
- It is ideal to have the adolescent's input in making these rules

How to decide on the rules

- Children can learn to make good decisions by actively participating in family decision making
- It is the parents’ right and responsibility to impose curfews, knowing where their children are, and to be awake when their children come home at night
Establishing Consequences

- The consequence needs to be communicated and established before unwanted behavior has taken place.
- The consequence needs to be specific and fit the situation.
  - Example: What not to say: “You will be grounded for the rest of your life.”
- The consequence needs to be important to the adolescent.
  - Example: Loss of privileges of using the car or staying home for a month on Saturday and Sundays.

What to do if Detecting Substance Use

- Confronting your adolescent.
- How to deal with your own feelings as a parent.

Confronting the Adolescent

- Do not deny the evidence.
- Wait until the adolescent is sober and not under the influence.
- If the adolescent is intoxicated, get medical help immediately, do not “sleep it off.”
Confronting the Adolescent

- Confronting the adolescent works better if it is not postponed to the next day, week, or month
- This is a matter that needs to be communicated and dealt with within a day or two

Confronting the Adolescent

- Your adolescent needs to know she/he is loved and this is not their problem but the problem of entire family
- This is a good time to implement the emotional connection skills learned

Practicing Emotional Bond

Parent: Wow your eyes look different (observation)
Teen: Leave me alone I am tired
Parent: So what I am hearing is you are tired and you do not want to be bothered? (reflecting)
Teen: I had a long night.......
Parent: I notice whenever your eyes look different you are tired and not interested in talking (observation)
Practicing your Emotional Bond

**Parent:** I understand that you feel tired. Let me know when is a good time to talk about you coming home after curfew. (problem solving, and empathy)

**Teen:** Why are you bothering me? I lost track of time and I am only one hour late.

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Practicing your Emotional Bond

**Parent:** I understand, we need to set a time for us to come up with ways for you to remember to come home before curfew. (putting limits, problem solving)

**Parent:** Let me know if you come up with any ideas and a good time for us to talk. (working with the child)

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Confronting Your Adolescent

- Bribery does not work
- Threats do not work
- Parents need to be specific to their own child's behavior
- It is important not to blame everything or everyone else
- Refrain from arguments
Parents’ Feelings

- First deal with your own anger, resentment, sense of guilt, blame, and shame
- If both parents are present in the adolescent’s life understand where both stand on the issue
- Propose a united, firm, respectful front
- Take a little time to learn about the substance you think your child is using
- Get professional help

Meeting Halfway

- Healthy ways to integrate both cultures in the family
  - Make one night of the week family night or culture night and ask your children to help you prepare a traditional food
  - Celebrate cultural holidays American and Iranian
  - If possible make a trip to the old country, all children love vacations and family time

Meeting Halfway

- Check out museums as a family
- Fill your house with books
- Acknowledge the difference between the two cultures without being biased or wanting to prove one is better than the other
- If your children are interested, learn to play an Iranian instrument together
- Listen to music they listen to
  - Communicate the difficulty of learning new culture
    - with your children
- Share coping skills you used to overcome difficult times
Vignette #1
- Your 12 year old daughter or son tells you that her/his good friend's older brother uses drugs.
  - Your daughter or son asks you if she/he can go to her/his friend's house for a play date.
  - You have known this family for a very long time and you see them often.
  - What do you do?
  - How do you communicate to your adolescent the decision you have made.

Vignette #2
- You are going with your 17 year old teenager and their friend's family to dinner. One of the parents orders an alcoholic drink for their teen and she says "I prefer him/her drink in front of me and not behind my back."
  - How do you deal with this situation with the parent?
  - How would you communicate with your teenager that has observed this situation?

Vignette #3
- Your 18 year old has just gotten home from a party and she/he is not acting like his/her self.
  - This is the first time that this has happened, what do you do?
  - How would you communicate that this behavior is not accepted in your family?
Vignette # 4

- Your 16 year old daughter comes home with her friend, her friend seems drunk and they beg you to not call the friend's parents.
  - What would you do?
  - What kind of conversation would you have with your own adolescent?

Questions and Answers

Referrals

- Sianak Shahram Alashar, Chemical Dependency Counselor 19782 MacArthur Blvd, Ste. 6220 Irvine CA 92612 Telephone: (949) 476-2676 Email: sianakai@cox.net
- Majid (Max) Molaripoor, BA, Chemical Dependency Counselor 5336 Timpia Ave, Tanta, CA 91356 Telephone: (818) 699-9980 maxman34@yahoo.com
- Mohammad Ali Sharie, M.D. Psychiatrist 2410 E. Del Mar Blvd, Ste. #3, Pasadena, CA 91107 Telephone: (626) 577-7898 shahrie@jail.com
Referrals

- Nelly Famoody-Zahiri, Ph.D. Psychologist
  2229 Canyonback Rd, Los Angeles CA
  90049 Telephone: (310) 413-9353 Email: nellyfamoody@aol.com
- Behnam Partovi, Ph.D. Psychologist
  415 North Camden Dr, #208 Beverly Hills, CA
  90210 Telephone: (310) 930-7500
  behnampartoviphd@verizon.net
- Tarzana Treatment Center
  1806-1906-1051

References

- Substance Abuse and Mental Health Services Administration. (2005). Results from the national household survey on drug abuse.
VIGNETTE

Vignette #1:

• Your 12 year old daughter or son tells you that her/his good friend’s older brother uses drugs.
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Vignette #4:

• Your 16 year old daughter comes home with her friend, her friend seems drunk and they beg you to not call the friend’s parents.
  – What would you do?
  – What kind of conversation would you have with your own adolescent?
Federal Alcohol Laws

A total of 39 alcohol-related laws have been established at the federal level. Each state enacts some or all of these laws. To look up which are adopted by a specific state, select the state and then the link for "Legal & Policy Issues." This data can also be found at Mothers Against Drunk Driving - state alcohol laws.

- **08 Per Se**
  Law that makes it illegal to operate a motor vehicle at or above .08 Blood Alcohol Concentration. All 50 states have a law regarding .08 BAC..

- **Dram Shop**
  A term referring to liability of establishments arising out of the sale of alcohol to obviously intoxicated persons or minor who subsequently cause death or injury to third-parties as a result of alcohol-related crashes. There are nine states without dram shop laws.

- **Fake ID**
  A statute that creates an offense for an underage person to use a fraudulent ID and provides for a driver’s license suspension for attempting to purchase alcohol using a false ID. All 50 states have laws regarding fake ID.

- **Felony DUI**
  Law that makes DUI/DWI a felony offense based on the number of prior convictions.

- **Lower BAC for Repeat Offender**
  These laws pertain to offenders who have had one or more prior DUI/DWI convictions. Laws affecting the repeat intoxicated offender include: licensing sanctions, vehicle sanctions, addressing alcohol abuse, mandatory sentencing.

- **Mandatory Alcohol Education**
A law which mandates that convicted DUI/DWI offenders complete an alcohol education program before driving privileges can be reinstated.

- **Mandatory Jail 2nd Offense**
  
  A statute that mandates an individual who has been convicted of a second offense of DUI/DWI receive a jail term as part of the sanctions he/she receives.

- **Preliminary Breath Tester**
  
  Portable breath testing device used to determine BAC of suspected DUI/DWI offenders.

- **Repeat Offender Law that is TEA-21 Compliant**
  
  Repeat offenders are those offenders who have two or more drunk driving offenses. In order to comply with TEA-21, the statute must include the following four penalties:
  1. A minimum one-year hard license suspension
  2. Impoundment, immobilization of the installation of an ignition interlock device on all vehicles owned by the offender
  3. All offenders must undergo an assessment of their degree of alcohol abuse and the law must authorize the imposition of treatment as appropriate
  4. There must be a mandatory minimum sentence.

- **Selling Alcohol to Youth**
  
  Usually enforced by the state’s alcohol beverage commission (ABC), these laws empower the ABC to rescind the license of any business that knowingly sells alcohol to an underage individual. All 50 states have selling alcohol to youth laws.

- **Social Host**
  
  Social Host liability: statute or case law that imposes potential liability on social hosts as a result of their serving alcohol to obviously intoxicated persons or minors who subsequently are
involved in crashes causing death or injury to third-parties. There are 19 states without social host laws.

- **Youth Attempt at Purchase**
  A statute which makes it illegal for a person younger than 21 years of age to attempt to purchase alcohol.

- **Youth Purchase**
  Laws that make it an offense for an individual younger than 21 years of age to purchase alcohol and provide for significant penalties including driver’s license suspension. All 50 states have laws regarding youth purchase of alcohol.

- **Zero Tolerance**
  Law that makes it illegal for drivers under the age of 21 to operate a motor vehicle with a blood alcohol level of .02 or more.

- **Youth Consumption of Alcohol**
  A law making it an offense for individuals under 21 years of age to consume alcohol or to have any amount of alcohol in their bodies.

http://nationalsubstanceabuseindex.org/agencies.htm
### Warning Signs of Adolescent substance use

- **Changes in sleep patterns.** Either sleeping too much, sleeping very little, trouble falling asleep, or difficulty staying asleep.

- **Speech is affected.** Speech is slurred, or talking excessively and rapidly.

- **Eyes are affected.** Eyes are red, watery, or glassy; pupils are larger or smaller than usual.

- **Walking is impaired.** Staggering or walking very slowly.

- **Poor motor coordination.** Dropping things; excessively clumsy.

- **Change in eating habits.** Significant increase or decrease in appetite; unusual and/or unexplained weight loss or gain.

- **Impaired hands.** Shaking hands; excessively sweaty hands; very cold hands.

- **Skin injuries.** Unusual skin abrasions or bruises; needle marks; rashes around nose and mouth.

- **Poor hygiene.** Neglecting appearance, not bathing.

- **Nose and throat.** Nose bleeds; runny nose; sniffing excessively; hacking cough; smoker's cough.

- **Unusual smell.** Pungent or smoky smell on breath, body, or clothes; smell of alcohol on breath or body.

- **Illness.** Nausea, throwing up, excessive sweating, dizziness, frequently feeling faint.

- **Shaking.** Shaking, twitching, or tremors of hands, legs, feet, or head.

- **Changes in Face.** Puffiness, blushing, excessively pale.

- **Nervous.** Excessive nervousness, irritability, anxiety, restlessness.

- **Irregular heartbeat.** Heart beating rapidly, skipping beats, pounding, high blood pressure.

- **Impaired thinking.** Paranoid, irrational, or bizarre thoughts.

- **Increased accidents or injuries.** Accidents in the house, reports from teachers, noticeable injuries.

- **School work has declined:** grades suddenly slipping or dropping dramatically
• **Missing school** (skipping secretly or too "tired" or "sick" to go)
  Mood changes (irritable, crying jags)

• **Dropping out of usual activities** (music, sports, hobbies)

• **Friends suddenly change;** doesn't introduce new friends

• **Money or valuables missing from parents'** purse, from home

• **Furtive or secretive behavior** (e.g., bedroom door locked and takes long time to answer)

• **Hostile, aggressive outbursts**

• **Seems to have "lost" motivation**

• **Forgetfulness**