

Treatment for adolescents provides help without intimidation

BY LESLIE KENDRICK

Names have been changed in the following story to protect the families of the youths involved. All of the people involved have been verified by the editor to insure accuracy.

Jane Smith is a pretty blonde 17-year-old from small town Nebraska.

She is also an alcoholic.

Picked up for minor-in-possession, Jane was given a counsellor who suggested treatment. She agreed that it sounded like a good idea.

Before a time was set for treatment, Jane was picked up for Driving While Intoxicated.

The courts sentenced her to an adolescent treatment center.

"My mom and dad are pretty ashamed," Jane said quietly. "They don't want to admit I'm an alcoholic."

"I feel kind of guilty because I'm the only one in the family with a drinking problem. I feel pretty ashamed."

Luckily, Jane, along with other adolescents, is learning to deal with those feelings and her alcoholism in the Youth Treatment Center at Lincoln General Hospital.

The treatment center officially opened in April. Malcolm Heard, coordinator for the center, explained that there was a need for specialized adolescent care, instead of the traditional treatment with adult alcoholics. As a result, he said, a grant was awarded to Lincoln General by the state for use in starting the center.

There is a need to separate adolescents from adults in the treatment, said patient activities technician Mark Harper, because of peer pressure and problems adolescents have in dealing with adults.

"If they were treated with the adults, the adults would tend to dominate the kids in group sessions. Kids are naturally intimidated by adults."

"In this type of treatment, the adolescents experience

the power structure within their peer group.

"We use the peer pressure that occurs in these groups positively to change attitudes and behavior," he said.

Heard said there are three ways an adolescent comes to the treatment center: through the schools, the family, or the legal system. If the patient comes through the legal system, in many cases it is a predisposition treatment, Heard explained. Judges send youths to the center in hopes that it will do more good than other means of punishment. But, if things don't work out at the center, the adolescent may have to face stiffer penalties, he said.

Treatment at the center consists of psychological and alcoholic treatment. The patients have individual and group counselling. There are recreational programs and a school program will be started in the fall, through the Lincoln Public School system.

The center primarily treats alcoholism, Heard said, but there are few adolescents in the center who have not used other drugs in addition to alcohol.

"There isn't any real stereotype of an adolescent who winds up at this center," Heard said. "We get kids who are just starting to use alcohol or drugs to those who are hard-core chronic alcoholics."

"The safest thing to say about all of them is that they all have a bunch of acting-out defenses which cover up a very sensitive young person."

Alcoholism first starts by seeking peer approval, said Bob, a patient at the center.

"You get drunk for acceptance," he said. Most of the patients come in with their defenses up. People hide behind a macho image or a quiet front and don't show their feelings, he said.

"For me, it is hard to confront my feelings," said Frank, another patient. "I think you get more out of the group sessions than the individual counselling. In the group sessions you just tell how you feel and you get feedback."

"If the others think you're not confronting your problems they just say 'bull'. They want to get you mad so

your feelings will come out.

"When I came in, I had a lot of anger towards society and my family. Since I've been here, I've gotten in touch with my feelings a lot more. That makes me feel a lot better."

The center bases its program on the Alcoholics' Anonymous treatment. An important part of that program is family support. However, not all the patients have that support.

"I haven't seen my mom in a long time," Nancy said. "My brothers say I don't have a problem. I'm more used to not having family support, but it's still hard."

Parents often do not want to accept the adolescent's drinking problem. Dave Blume, patient activities technician, said that the counsellors often use a patient exercise to show the parents there is a real problem. In the first step of the program, patients make a timeline of their use of the drugs and alcohol, from the first time to the present, he said.

"It gives a painted picture of the history of their use," Blume said. The exercise shows parents the actual use of drugs and alcohol and the frequency of use. The patient also begins to recognize his or her problem after they make a timeline, he said.

"A lot of times the kids say 'oh, I know what I did.' But then they make a timeline and say, 'Man, I did more than I ever believed I did,'" Blume said.

In fiscal year 1978-79, 1,371 adolescents 10 to 19 years old were admitted to an alcoholic treatment facilities in Nebraska, Smith said. That figure represents 14 percent of the total population admitted for treatment.

The success rate for the Lincoln center is hard to judge, Heard said. The center screens its patients and dismisses those adolescents who are not working out in the program.

"Our goal here is abstinence. Other treatments try to teach responsible use, but a young person who is developmentally deprived by their alcoholism needs to quit. Then they can go on and get their life started," Heard said.

Frank said he hopes he can quit.

"I don't know if I'll go back to drinking," he said. "Not if I stay in AA. I guess that's one thing I have problems with. I'm scared that when I go back I won't be accepted and start drinking again."

"I think it's doing a lot of good," Nancy said. "There's a lot of love here. They teach you how to communicate, how to treat people right, and how to treat yourself right."

Council on Alcoholism helps control growing problem — student alcoholics

BY RICK MAAS

John is a freshman at UNL. He never drank in high school.

But since he came to the university, John is seen visiting the bars in downtown Lincoln quite often.

John soon begins to experience blackouts; he seems to have to drink more than he used to in order to get to the point where he feels good. Soon he doesn't realize how much it takes to get him drunk.

John is a typical student alcoholic.

This story isn't real, but it's one that occurs with too much frequency.

Findings in a recent survey taken at UNL showed that 73.2 percent of students surveyed considered themselves to be drinkers. The survey, taken in the spring semester of 1980, said that 35 percent of students surveyed thought of themselves as "moderate" drinkers, 3 percent of those questioned considered themselves "heavy" drinkers, and .2 percent said that they were "too heavy" drinkers.

The survey, which was conducted by UNL housing, stated that the majority of the students who drank said they did so because of reasons other than social acceptance.

Marilyn Keller, the director of community awareness for the Lincoln Council on Alcoholism and Drugs, says the reasons for someone to want to drink could vary to include almost anything. She said that some of the problem areas which lead to drinking include: family, legal, health, or money problems.

Keller said that alcoholism is a disease that can be diagnosed, treated and finally cured.

Alcoholism has some very definite symptoms: blackouts or memory lapses, an increased tolerance to alcohol, and a loss of control of alcohol intake. When someone says that he is stopping for "just one" and it becomes "why did we stay for closing," it is a sure sign that the person doesn't realize that he has lost control, she said.

Keller said that anyone who experiences the following symptoms should consult an alcoholism professional: If you wake up with feelings of guilt or remorse about the preceding night's activities or if you get up wondering what you did the night before, if you experience a dramatic personality change when you get drunk or if you never feel comfortable around people unless you are drinking, if you say that you are only going to have four drinks and end up having eight, or if you have to drink before you go out drinking so you can be inconspicuous.

Keller said that the Lincoln Council on Alcoholism and the Drug Crisis Hot-line have averaged treating about 60 clients a month since the council opened on Jan. 1, 1981. Anyone with a drug-related problem or knows of someone with a problem can walk right in and get help, Keller said.

Keller said that the medical profession is just coming to grips with the alcoholism problem.

"It's the 'two-for-one syndrome' — a doctor spends two hours out of four years studying learning about the number one problem in the United States," she said.

The alcoholic's biggest problem is society, Keller said. "Ignorance, shame, guilt, denial, just the basic misconception of an alcoholic. Nobody ever says anything if someone gets cancer or heart disease, but it's different with alcoholism," she said.

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Summer Nebraskan

The Summer Nebraskan is published weekly by the University of Nebraska-Lincoln School of Journalism during eight weeks of the summer sessions. The Summer Nebraskan office is 112 Avery Hall, City Campus. Telephone 472-2209.

Editor: Brian McManus
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