

# THE SEVEN CHALLENGES®

Introductory Excerpt from Initial Training Outline  
www.sevenchallenges.com

## Effective Treatment for Adolescents with Alcohol and Other Drug Problems

### CRITIQUE OF ADOLESCENT SUBSTANCE ABUSE TREATMENT

#### **The starting point in working with youth is the client population.**

Most adolescents are dragged into treatment. They are, by any definition, in the early stages of change. They...

- don't think they have a problem ("I can stop"; a cultural norm; teen thing; family thing; community thing)
- don't think their life would be better without drugs
- don't know what it takes to overcome a drug problem (how hard, how life changing)
- don't feel they could succeed in overcoming drug problems.

Even among those who want to change and feel they could change – most have life skill deficits and co-occurring problems that would undermine success. Most do not understand fully what it takes to quit ... and are far from ready and prepared to honestly and successfully quit using drugs.

*We need to start where youth are at, which is the early stages of change.*

Not where we wish they would be; where they might pretend to be; where they might mistakenly think that they are (something bad just happened and at that moment they think they want to quit.) However, mainstream substance abuse treatment for adolescents has not been responsive to youth starting point. Mainstream approaches can be characterized as – *a mad rush for abstinence.*

#### **The Mad Rush for Abstinence**

The mad rush is an attempt to convince youth that drugs are dangerous, that they personally have been harmed by drugs, and that they should quit. *The mad rush is out of caring and it is also a response to political pressure. Everyone wants drug free kids immediately. Treatment has promised the moon, but delivered little. The mad rush partially explains the disappointing outcomes in adolescent drug treatment.*

Results in four F's:

- Fakers (tell the adults what they want to hear; teach kids to be drug-free who have not decided to be drug-free),
- Fighters (those who openly oppose us and those who fight with passive aggressive techniques, as in the game "Try to make me quit")
- Fleers: "No problem. No way I'll quit. I'm out of here."
- Followers: Tries to quit, but with narrow focus on quitting and not enough attention to life skill deficits and co-occurring problems, often results in failure.

## **Slow the Rush**

Alternative: Start where youth are “at” and slow the mad rush. Sure we would like kids to be immediately free of drug problems, but we have to be realistic about the process.

Years of pre-existing problems, and drug problems superimposed on them. It will take time to change. Slowing the rush means:

- Work with development (not against it).
  - Identity
  - Logical thinking (hypothetico-deductive reasoning)
  - Preparation for adulthood
- Follow principles of good counseling: Help people become aware of their options, expand their options and make their own choices. Don’t argue and push an agenda.
- Respect the research on how people change
- Practice a holistic approach.
- Good client/counselor relationship. Counselor listens and empathizes. Contentious relationships and dishonest ones will have bad outcomes. The importance of relationship in psychotherapy outcomes. Empirically validated relationships.

## **INTRODUCING THE SEVEN CHALLENGES®**

### **The Seven Challenges® Program**

- Health Decision Making Model – Cost / benefit analysis of behavior
- Introducing The Seven Challenges; a decision-making model which includes guiding youth through the process of weighing the benefits versus the harm of their drug use behavior.

### **The Seven Challenges® Books and Materials**

In guiding youth through this decision making process, this program incorporates the use of *The Seven Challenges* reader; and the nine interactive *Seven Challenges Journals*. Books and journals are not the program, rather powerful tools that help youth as they go through this program. Separate time – in addition to regular counseling session -- is set aside for work in journals. Use of this material will be discussed later in this training.

### **INTRODUCE ALL SEVEN CHALLENGES (Manual pp. 31-40)**

#### **The Seven Challenges® Counseling Skills**

Before briefly introducing each of the challenges, it should be noted that there are counseling skills associated with each Challenge. These will be discussed later in the training as we discuss the challenges in more detail. (The counseling skills are also described in *The Seven Challenges Manual* on pages 43-67.)

1. We decided to open up and talk honestly about ourselves and about alcohol and other drugs.
2. We looked at what we liked about alcohol and other drugs and why we were using them.

3. We looked at our use of alcohol and other drugs to see if it had caused harm or could cause harm.
4. We looked at our responsibility and the responsibility of others for our problems.
5. We thought about where we seemed to be headed, where we wanted to go, and what we wanted to accomplish.
6. We made thoughtful decisions about our lives and about our use of alcohol and other drugs.
7. We followed through on our decisions about our lives and drug use. If we saw problems, we went back to earlier challenges and mastered them.

### **Working the Challenges**

It would seem that The Seven Challenges® would be linear. Youth would work on each challenge in order. This is not what happens. Youth may jump around from challenge to challenge and may work on more than one challenge on any given day. What gives the Program continuity is that youth are given the journals one at a time, in order.

### **Relapse Prevention / Courtesy Relapse Prevention®**

What about youth who want to quit, or those in drug court, or on probation? Also, those who are leaving juvenile justice and returning to the community? **Working on two levels** (*The Seven Challenges Manual*, pp. 115-126).

### **How the Program Works**

The Seven Challenges does not prescribe what counselors do, session-by-session. That would not be counseling, but a series of psycho-educational sessions. Counseling must be responsive to the needs of youth. Instead of prescribing what to do in each session, the Program provides a framework to help counselors guide youth through a decision making process and to successfully follow through with their decisions.

We introduce youth to The Seven Challenges® and from time to time we review all the Challenges and reorient youth to them. Sometimes we might choose to discuss and focus upon one challenge or another. However, the issues discussed in counseling sessions are not driven by The Seven Challenges. *We talk about what is most relevant to youth – the issues they choose to work on, or the issues we, as counselors, feel need to be discussed at a particular moment. We talk about what is most relevant and bring The Seven Challenges into the conversation.* The Seven Challenges provides a framework for reflection. In the course of the discussion counselors point out how an issue relates to The Seven Challenges, or ask youth to consider: “How does this work relate to the Challenges?” We seamlessly integrate the Seven Challenges as part of the conversation. In summary: *The Seven Challenges decision-making process is an overlay to sessions, which are driven by good clinical practices – working on the most relevant issues at the time. We do not fit the youth into the program. Rather we fit the program into the counseling process and discussion of issues that are most relevant at the time.*

The Program also includes working through the interactive Seven Challenges Journals, to support youth as they apply this decision making process to their lives. **End Seven Challenges Training® Introductory Excerpt.**