

Research Article

A Qualitative Inquiry into the Use of Rational Emotive Behavioural Therapy for Substance Abuse among Adolescents

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A B S T R A C T

Introduction: Adolescent substance abuse has become a rising issue across the world, especially in India. A psychological intervention is required at this stage itself, in order to prevent the individual from developing a severe case of substance use disorder.

Method: A qualitative inquiry was conducted to understand mental health practitioners' views on the use and effectiveness of Rational Emotive Behavioural Therapy (REBT) for substance abuse among adolescents. Four REBT practitioners from Mumbai participated in semi-structured interviews. Thematic content analysis was conducted to assess the data.

Results: Easy availability of substances at home and ease of access to substances outside the home were cited to be the most common factors facilitating substance abuse. Client resistance and lack of awareness among family members regarding this issue were essential challenges faced by therapists. REBT techniques such as the ABC model, disputing/challenging negative self-talk, use of guided imagery and visualisation, reframing or looking at events in a different way, building frustration tolerance, role plays, and homework assignments emerged to be the most salient.

Conclusion: REBT techniques emerged to be an effective way of reducing substance abuse among adolescents in India. However, many practitioners suggested their adoption of an eclectic approach wherein they combine REBT with other therapies. Family intervention also came across as an effective intervention when dealing with such cases.

Keywords: Adolescent Health, Substance Abuse, Alcohol Abuse, Rational Emotive Behavioural Therapy

Introduction

Adolescence is marked by a period of vulnerability where the individual can easily get influenced and can develop addictions if not careful. Substance abuse at a young age has been found to put the individual at risk for developing substance use disorder as an adult.¹ In a recent study, adult patients with substance use disorder reported being introduced to drugs before the age of 15 years. In several regions in India, both adolescent girls and boys lack access to information on the issues affecting their lives and have limited opportunities to develop competencies crucial for active participation.² Adolescents are said to be in a transient phase of life requiring nutrition, education, counselling and guidance to ensure their development into healthy adults. The lack of education and awareness, especially among the population residing in disadvantaged areas, has made these adolescents susceptible to several preventable and treatable health problems, like early and unintended pregnancy, unsafe sex, nutritional disorders like malnutrition, anaemia and obesity, mental health concerns, injuries, violence and drug abuse.³ On the other hand, among adolescents from affluent backgrounds, negative peer influence and lack of parental supervision increase the risk of the above-mentioned problems. With India having increasing numbers of young individuals making up most of its population, this issue becomes even more salient.

Several psychosocial and biological factors play a role in this phenomenon. The prefrontal cortex which is involved in decision-making and impulse control develops later in adolescence while the limbic system which is responsible for emotional and behavioural responses develops earlier.⁴ It is because of this that adolescents run high on emotions and impulsive behaviour without rationally considering the consequences. In addition, social factors like the need to be accepted by peers, to be popular among them, neglectful parenting, residing in harmful neighbourhoods etc. also contribute to substance abuse.

According to a study by the National Commission for Protection of Child Rights, the most abused substance amongst Indian adolescents was found to be tobacco and alcohol, followed by inhalants and cannabis. UDAYA study which was focused on the abuse of tobacco, alcohol and drugs showed that 20% of adolescent boys aged between 15 and 19 years of age in Bihar and 22% in Uttar Pradesh (UP) consumed tobacco and tobacco products. The consumption was higher among rural boys in comparison to urban boys (21% versus 17% in Bihar and 23% versus 18% in UP). With regards to alcohol consumption, the figures were 8% in Bihar and 5% in UP for older boys. Tobacco consumption among married older girls (15-19 years) was found to be higher (2% in Bihar and 5% in Uttar Pradesh) in comparison

to younger girls (10-14 years; 1% each in both states) and unmarried older girls (2% in each state).⁵

The need to prevent and combat substance abuse among adolescents arises from the risk adolescents are at when in an intoxicated state. Substances, like alcohol, tend to reduce the body's inhibitory response thus, making one prone to rash decisions that can be life-threatening. Adolescents who abuse substances naturally become at risk for problems such as unwanted pregnancy/ HIV infections, reckless/ antisocial behaviours, delinquency, accidents that involve physical injuries, decline in academics that may get displayed in the form of absenteeism, low grades, withdrawal behaviours, problems concentrating, lung diseases etc.⁶ In addition, as mentioned earlier, substance abuse at an earlier age is a precursor for developing substance use disorder at an older age.

Having this issue at hand for several decades, the treatment approach of Cognitive Behavioural Therapy and Rational Emotive Behaviour Therapy (REBT) has been found to be effective in treating substance abuse problems not only in adults but also in adolescents. Group REBT interventions have been found to be effective among adolescents. The essence of group therapy is that it gives them a sense of comfort knowing that others are suffering from the same issue and are seeking therapy for it and that they are not alone.⁷ A common issue that adolescents with substance abuse face is the problem of equating mistakes to worthlessness. One mistake, according to them, makes them a bad person altogether. REBT emphasises teaching such clients about human fallibility, that all humans are complex and bound to make mistakes.⁸ Making mistakes does not take away the positive qualities one has. Thus, clients need to learn self-acceptance. Another problem addressed is that of frustration tolerance. Those with substance abuse have low frustration tolerance wherein after experiencing any negative event, they feel the need to abuse and make statements like "I can't stand to be deprived of drugs". REBT teaches them to dispute these thoughts with semantic disputing where you give a dictionary translation of his statements and attach it with empirical disputing, for example, saying you can't stand it means you can't exist/ live without drugs. Empirical disputing would be: "Do you have any evidence of not having survived without drugs? Do you die or stop breathing when you don't abuse drugs?" REBT aims at reframing those statements into more realistic statements such as "I prefer not to feel this way, but I can handle feeling this way". Homework assignments as well as role playing also work well with adolescents. An important factor that counsellors must focus on is helping the client identify the harmful consequences of substance abuse. As mentioned earlier, adolescents make decisions based on rewards rather than consequences. This can be best

taught by exploring the time effects of the problem where the counsellor asks the client about the positive effects he experiences after consuming substances at different durations of time, for example, what is the positive effect after 2 minutes? After 2 hours? After 2 days etc.? until the adolescent realises how the positive consequences fade eventually.⁹

This study thus aims to further explore the effectiveness of using REBT with adolescents having substance abuse problems and to understand what techniques work best with adolescents for this issue.

Materials and Method

Method

The data collection for the study began on March 1, 2022 and concluded on April 15, 2022. The study was conducted in Mumbai. The one-on-one interview method of qualitative research was used to conduct the study and obtain the data. Prior to approaching therapists, a brief of the study, its purpose, and the method of data collection were sent and approved by the Internal Ethics Committee of the college. The interview was semi-structured and was done with each respondent separately. The approximate duration of the interview session with each respondent was 35–45 minutes.

Data Collection Tool

A consent form was designed based on the ethical guidelines as listed by the American Psychological Association and was sent to those who had agreed to participate in the study. The participants had to fill out the form prior to being interviewed. A semi-structured interview of REBT practitioners was conducted in English and Hindi. The interview schedule was made up of 7 items. Researchers asked additional questions while interviewing, whenever deemed necessary. The interview was conducted using either of the two mediums: audio call or video call. Respondents' answers were recorded verbatim in written format.

Materials

A semi-structured interview was developed especially for this study. Initially, researchers developed a pool of items by interviewing subject experts and based on appropriate literature. From the broad pool, 7 items were finalised to be added to the final interview schedule based on criteria such as their relevance, scope, importance, etc. Sample items included, "*What are the challenges you commonly face during the initial sessions with the adolescents?*", "*Which REBT techniques do you use in particular when dealing with adolescent substance abuse?*", etc.

Sample Characteristics

The inclusion criteria for participation included REBT

practitioners working with adolescents with at least two years of experience in the field. A message describing the study and participation requirements was circulated via social media. A total of 10 REBT practitioners reverted who matched the criteria. However, only four of them agreed to be interviewed. All four participants were females with work experience ranging from 5 to 20 years and with an age range of 29 to 50 years.

Qualitative Analysis

The researcher first transcribed the four interviews. This involved translating certain statements from Hindi to English for the purpose of maintaining a standard language during analysis. Transcribes were analysed line by line to identify texts that matched the objective of the study. Important codes that emerged from the data were noted down. Common themes resulting from this were then identified. The researcher further highlighted codes and themes specific to transcribes. The codes and themes identified across all transcribes were categorised based on the question number. Based on this, two coding tables were constructed; one covering a set of questions pertaining to the nature of adolescents' substance abuse and the challenges faced by the adolescent clients, and the other focusing on a set of questions relating to the use of REBT to deal with substance abuse. These tables were then used to elaborate on the themes observed. The confidentiality clause of ethical guidelines was maintained as the findings from the interviews have been reported here without disclosing any personal details about the participants.

Results

The following themes emerged from the interviews conducted:

Nature of Adolescent Substance Abuse

Alcohol was reported to be the most abused substance followed by nicotine in the form of cigarettes, cannabis and inhalants such as Vicks, Tiger balm, whitener, etc. All the therapists came across cases of marijuana addiction. Opium-related painkillers in the form of cough syrup and Oxycontin were also noted by a therapist. "I guess it depends on the socio-economic strata they are coming from. So, if it is a higher class, they have access to major drugs like alcohol and for the lower strata, it is nicotine.", one of the therapists stated.

The respondents cited the easy availability of substances at home and ease of access outside the home as facilitating adolescent substance abuse. In addition, adolescents preferred substances like inhalants which were easy to hide.

Rapport-building Techniques Used by Therapists with Adolescent Clients

In most adolescent substance abuse cases, as an adolescent

has not come to a therapist voluntarily, but rather has been brought by someone, therapists find it difficult to establish rapport. The issue of resistance was observed by all the therapists interviewed.

As substance abuse has a moral connotation, assurance of confidentiality was especially important in building rapport in these cases. In addition, common techniques like ice-breaking activities, humour etc. seemed to be working well. Therapists also found discussions about clients' likes and dislikes as one of the ways to open them up.

Therapists highlighted the importance of conversing with adolescents like adults instead of like children. In addition, expressing acceptance toward clients emerged to be a key aspect of building trust in the therapeutic relationship and thereby facilitating the process.

Challenges of Working with Adolescent Clients with Substance Abuse

Client resistance came across as one of the important challenges faced by therapists working with adolescent clients. This resistance was expressed in the form of missing sessions, not doing homework, not answering a question, etc. One of the therapists noted the difficulty in getting adolescents to talk about their emotions. Substance dependence often becomes a comfort for these adolescents. Therefore, any attempt to have them come out of it meets with resistance.

Unfortunately, as many of them have not learned how to experience and express emotions, they struggle at this end. Helping them through it was another challenge of the therapy.

Challenges resulting from family-related factors were also reported. Sometimes family members have a different perception of their teenage son/ daughter than the teenager themselves. This at times may require family/ individual sessions with family members to ease out the therapy process. Such sessions also help to build rapport between parents and teenagers, which is another challenge faced.

Adolescents in therapy were also observed to be rationalising their drug consumption and trying to convince therapists that drug consumption isn't harmful. The influence of substances using peers poses another challenge in front of therapists.

One of the therapists related experiences of dealing with cases of adolescent substance abuse with teen pregnancy. At times, the therapist has to explain to them how it is a rational decision to give up the child owing to poor logistics. Helping them work through such a traumatising process becomes an excruciating task.

Use of REBT for Adolescents with Substance Abuse

The therapists adhered to the REBT formulation of addictive behaviours which asserts that there is an emotional problem underlying such cases and these problems can be dealt with a cognitive approach. Even though the specific techniques differed, at a broader level, all of them focused on understanding adolescents' thought processes and separating them from their behaviour. This connection between thoughts and behaviour is explained to the client in simple words. Problematic thought or behaviour is then modified using techniques like disputing.

Some of the therapists interviewed used role reversal in which the adolescent plays the role of a therapist and vice versa. This makes adolescents come up with arguments regarding why clients should not engage in substance abuse. This, in turn, helps them reflect on their own behaviour. Building frustration tolerance was also considered to be of peak importance as it is difficult for adolescents to have the urge to consume drugs but not act on it.

Assertiveness training becomes crucial in cases of peer pressure. A therapist provided an example of how difficulties saying no to friends who insist on getting involved in substances result from one's fear of losing friends and the desire to not be alone. Being alone is believed to be intolerable and further leads to the maladaptive belief that one is a loser for not having friends. This irrational belief is then targeted by discussing what defines a good friend and whether having fewer friends or being alone is that bad.

Another therapist emphasised the importance of targeting victimising and self-deprecating images in adolescents' thought content. A positive self-image can be built with the homework assignment of writing five positive things that happened in a day or ways in which one helped others.

Homework assignments such as thought logs (where the clients are supposed to maintain a logbook of their thoughts pertaining to urges or cravings of substance), engagement in recreative activities other than substance abuse, writing alternative ways of behaving in simulated situations, etc. seemed to be effective. In addition, psychoeducation of family and adolescents, especially the rewarding withdrawal phase, was important to prevent relapse.

Discussion

The current article helps the readers understand the phenomenon of adolescent substance abuse and the use of the REBT approach to deal with it through the lenses of psychotherapists. The broad themes of the nature of adolescents' substance abuse, challenges faced when working with adolescents and how REBT can be used as a

therapeutic intervention for substance abuse were explored.

All the therapists spoke at length about the choice of substances adolescents make. The most abused substance was identified to be alcohol, followed by various forms of nicotine and cannabis (marijuana). The majority revealed that substances abused by adolescents were easily available in their immediate environment. Thus, during an intervention, therapists strongly advise parents to get rid of any substances present at home as well as to refrain from any substance use. Adolescents are highly impressionable; thus, one needs to be cautious about the kind of actions and role models they are.

Secondly, we discussed the various strategies used to build rapport. As mentioned by many therapists, adolescents often come for counselling because their parents force them to. Therefore, the therapists must break through the resistance and deal with the initial opposition. Some of the ways to do this are to discuss their likes and dislikes, icebreaker activities, etc. However, all therapists agreed that there is no one technique that can lead to rapport building or guarantee it; a case-to-case approach instead works best.

When it comes to using REBT with adolescents, therapists report focusing on finding emotional problems underlying addiction. Building frustration tolerance, assertiveness training, role reversal, psychoeducation, and challenging and changing negative self-image were the main areas targeted for treatment.

Overall, all the interviewed therapists found REBT to be an effective approach for handling adolescent substance abuse. Classically, it emphasises the connection between thoughts, emotions, and behaviour. Irrational thoughts or belief patterns with their consequential unhealthy behaviour are then dealt with. As adolescents are at a cognitively advanced developmental stage than children, this approach becomes especially useful for them. REBT not only helps them to stop substance abuse but also empowers them to prevent relapse.

Conclusion

The current article focused on identifying the substances commonly abused by adolescents and several intervention strategies used by therapists to deal effectively with this rising problem of substance abuse. The results showed that the commonly abused substances by Indian adolescents belonged to the categories of nicotine, inhalants, and alcohol. Further, Rational Emotive Behavioural Therapy was found to be an effective therapeutic approach to manage the problem of substance abuse. Strategies revolving around assertiveness training and building positive and realistic self-images were found to be the focus of all therapists. Lastly, homework was a technique used by all therapists

and was effective in managing the problem of substance abuse among adolescents.

Conflicts of Interest: None

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