

TREATING A VARIETY OF ADOLESCENT RECOVERY ISSUES WITH  
COGNITIVE-BEHAVIORAL INTERACTIVE GROUP THERAPY:  
SPECIFICALLY “XLIFE FREE” IN RIVER RIDGE LOUISIANA

A Research Paper

Submitted to Dr. Kristin Carver

of the

New Orleans Baptist Theological Seminary

In Partial Fulfillment

of the Requirements for the Course

Introduction to Counseling PCCM 2370-01

in Leavell College

Gregory M. Finch

March 11, 2009

## Introduction

Today's adolescent faces more self destructive influences than any other generation in history. The information age and extensive availability of data and communication devices dramatically enhances the interconnectedness of youth while limiting their true investment in each other and even their own families. This void, which manifests as a feeling of loneliness in the midst of a crowd, is effectively satiated in the environment of cognitive-behavioral interactive group therapy. CBGIT focuses on skills and environments missing in a digitally managed relationship.

These groups provide mutual support, leadership, new relationships, prosocial roles, receiving peer feedback, and helping others.<sup>1</sup> Utilizing cognitive-behavioral therapy in a group setting differs from other cognitive therapies in two ways. First, the presence of modeling and other operant elements are promoted. Second, as the group develops a cohesive structure the adolescents are increasingly involved in adapting the boundaries and expectations of the group.<sup>2</sup> Issues like racism, homophobia, sexism, and judgmental attitudes that commonly

---

<sup>1</sup> Rose, Sheldon D. *Group Therapy with Troubled Youth: A Cognitive-Behavioral Interactive Approach*. Thousand Oaks, CA: Sage Publications, Inc., 1998.

<sup>2</sup> Ibid

plague the religious are met with youth specific solutions that transcend traditional cognitive therapy.<sup>3</sup>

There are a multitude of painful issues that range from merely distracting to debilitating the youth in our communities. Most adolescents struggle with various combinations of the following self destructive behaviors. Healing within a group of peers can remove some the isolation and fatalism many teens feel in tackling life issues.

While substance abuse is a common problem in adolescent recovery, drug and alcohol use is usually the lagging indicator of deeper issues. Substance use, however, greatly complicates recovery and poses a significant danger to the youth and their community at large. Statistics are staggering in regard to new initiates in adolescent alcohol use. In 1998, the number of new users among youth grew dramatically to 3.4 million, while the initiates among young adults increased slightly to 1.2 million. The 3.4 million new users aged 12 to 17 represents about 15 percent of all youth in the nation.<sup>4</sup> The last ten years of initiation rates for marijuana users are no more promising. Youths aged 12 to 17 have constituted about two-thirds of the new users of marijuana in recent years (1996-1998), with young adults aged 18 to 25 constituting most of the remaining third.<sup>5</sup>

Family dynamic issues like divorce and navigating blended family environments result in adolescent anxiety. Many youth struggle with anger and rebellion in these households. Neglect

---

<sup>3</sup> Ibid

<sup>4</sup> NHSDA., SAMHSA 1999. "Trends in Starting Alcohol Use for the First Time." *Adolescent Substance Abuse Knowledge Base*. 1999. <http://www.adolescent-substance-abuse.com/trend4.html> (accessed March 9, 2009).

<sup>5</sup> NHSDA., SAMHSA 1999. "Trends in Starting Alcohol Use for the First Time." *Adolescent Substance Abuse Knowledge Base*. 1999. <http://www.adolescent-substance-abuse.com/trend1.html> (accessed March 9, 2009).

and abuse resulting in physical and emotional trauma is a heartbreaking element in counseling adolescent recovery.

Sexual issues including promiscuity, pregnancy, STD's and homosexuality will probably become a part of most group sessions, especially in female groups.

Issues of grief regarding the loss of a loved one or anyone who triggers this emotional pain are frequently mentioned. Most disturbing and sometimes most difficult, in an adolescent setting is dealing with suicide.

Eating disorders are not uncommon ground in female groups. Girls outnumber boys tenfold in eating disorder treatment. Some of that disparage stems from the lack of reporting from males with eating disorders. Bulimic or anorexic boys frequently refuse to seek treatment for what they perceive as a female disorder. Some of these boys may display feminine identification, and approximately thirty percent may be homosexual or report sexual anxiety.<sup>6</sup>

Cutting is the abnormal behavior involving the self infliction of incisions, typically on areas of the body covered with clothing. These are often youth who have been abused to the point they are desensitized to normal emotions and cut themselves just to feel something. The cutting is not to be attention to themselves so it is usually in a hidden area under sleeves or pant legs.

Adolescents that find themselves labeled as delinquents from the commission of crimes like truancy, vandalism, shoplifting, and assault can greatly benefit from the group setting. Anger is a common link in these youth. According to SafeYouth.com more than 1 in 3 high school

---

<sup>6</sup> Lock, James, and Mary J. Sanders. *Treating Adolescents*. Edited by Hans Steiner. San Francisco, CA: Jossey-Bass, 1996. p. 224

students, both male and female, have been involved in a physical fight. 1 in 9 of those students have been injured badly enough to need medical treatment.<sup>7</sup> The modeling of students who have problems but refrain from criminal behavior is effective.

Depression is another critical issue among adolescents. Among adolescents, one in eight may suffer from depression. Of all these children and teens struggling with emotional and behavioral problems, a mere 30% receive any sort of intervention or treatment. The other 70% simply struggle through the pain of mental illness or emotional turmoil, doing their best to make it to adulthood. The consequences of untreated depression can be increased incidence of depression in adulthood, involvement in the criminal justice system, or in some cases, suicide. Suicide is the third leading cause of death among young people ages fifteen to twenty four. Even more shocking, it is the sixth leading cause of death among children ages from five to fourteen.<sup>8</sup> The inherent benefits of the CBGIT environment are very conducive to healing depression.

All the issues reviewed to this point ultimately fall under one universal problem. We were all born with the sin nature. Paul explained this problem to the Ephesians. “And you were dead in the trespasses and sins in which you once walked, following the course of this world, following the prince of the power of the air, the spirit that is now at work in the sons of disobedience among whom we all once lived in the passions of our flesh, carrying out the desires of the body and the mind, and were by nature children of wrath, like the rest of mankind.” (Eph. 2:1-3 ESV) Therefore, a spiritual problem must be met with a spiritual solution.

---

<sup>7</sup> Family First Aid. "Teen Anger: Management and Prevention." *Family First Aid: Help for Troubled Teens*. <http://www.familyfirstaid.org/teen-anger.html> (accessed March 9, 2009).

<sup>8</sup> CRC Health Group. "Statistics on Adolescent Depression." *About Teen Depression*. <http://www.about-teen-depression.com/depression-statistics.html> (accessed March 9, 2009).

## Literary Review

There are some valuable resources to review before starting a CBGIT program. *Group Therapy with Troubled Youth: a Cognitive-Behavioral Interactive Approach* by Sheldon D. Rose will provide you with the information needed to develop the nuts and bolts of your group dynamics. Rose focuses on the principles and step by step structure of CBGIT.

*Uncommon Youth Ministry: Your Onramp to Launching an Extraordinary Youth Ministry* by Jim Burns and Mike Devries will supply some practical guidance on the heart issues involved in investing in youth at this level. Burns outlines the commonality of adolescents as follows:

1. Self Absorption
  - a. "Because of the many transitions in the life of a teenager, we often will find them self-absorbed and self-conscious. They are looking inward and often don't like what they see. What appears to be an incredibly self-centered attitude is typically a lack of confidence combined with intense feelings of confusion."
2. Anxiety
  - a. "Today's teenagers are often filled with anxiety. They worry about their physical looks, their relationships, and their future. It's a time of uncertainty. As teenagers, they know that life is moving rapidly toward adulthood with it's greater responsibility, but they may not be sure they are looking forward to this marker in life called adulthood. That inner struggle can produce intense anxiety."
3. Experimentation
  - a. The freedom most adolescents have, mixed with curiosity and the allure of the unknown, results in experimentation with new behavior. Your role as a counselor is to turn the experience into a learning situation without being shocked. The fact is that at one time or another most teenagers will compromise their beliefs and values. They need understanding, accountability and guidance in order to make good decisions the next time around.
4. Emotions
  - a. With the onslaught of puberty also comes a significant rise in emotions. As youth workers we must be aware that teenagers tend to be very emotional. One minute everything is incredible and couldn't be better; the next minute the entire world is

coming to an end. Moodiness seems to come with the territory. Students have strong feelings of anger, depression, guilt, failure, and passion.<sup>9</sup>

A great work for establishing the spiritual basis for the small group is *Classic Christianity* by Bob George. This text gives ample word pictures and Scriptures regarding the life giving grace afforded us all through the divine sacrifice of Jesus Christ. There are truths delivered about life and freedom that open up the recovery process.

But I was missing the single most important aspect of having the Holy Spirit – the fact that through Him I have received the very life of God.<sup>10</sup>

George emphasizes passages like John 5:24 "Truly, truly, I say to you, whoever hears my word and believes him who sent me has eternal life. He does not come into judgment, but has passed from death to life." Understanding forgiveness and condemnation is a crucial component of true spiritual recovery.

### Integration Plan

Xlife FREE, a recovery ministry of Riverside Church in River Ridge, Louisiana, is one example of integrating CBGIT into a small group ministry setting. Xlife FREE is the youth component of the church's Celebrate Recovery program. Celebrate Recovery is a twelve step adult recovery model established by Saddleback Church, led by Rick Warren. While Celebrate Recovery is not primarily structured around a CBGIT model, Xlife FREE emphasizes CBGIT principles, and enjoys the inherent benefit to the adolescents who participate.

---

<sup>9</sup> Burns, Jim, and Mike DeVries. *Uncommon Youth Ministry: Your Onramp to Launching an Extraordinary Youth Ministry*. Ventura, CA: Regal from Gospel Light, 2001.

<sup>10</sup> George, Bob. *Classic Christianity: Life's Too Short to Miss the Real Thing*. Eugene, OR: Harvest House Publishers, 1989.

A typical Friday night of recovery ministry starts with a time of light supper and socializing. The food can and has caused issues for those who struggle in that area. An extensive time, forty to forty five minutes, of worshiping the Lord through music allows the pressures of the week to be laid aside, and focus to be placed on how God is working in the lives of those present. This worship and social time is a shared experience between youth and adults. The reality of seeing broken adults and the devastating effects of long-term abuses has had a strong impact on the adolescents. The worship time is followed by the cognitive-behavioral interactive group therapy session. Recovery participants meet in specific groups, primarily broken down by age and gender. Xlife FREE currently provides a male and female group with two leaders per group. The small group session is approximately one hour in duration. The ministry experience is concluded with a coffee service and social time.

The CBGIT sessions are typically opened in prayer, followed by a time to share openly the struggles and victories of the week. There is an object lesson on occasion, or a field trip, to keep from creating a ritualistic feel to the sessions. The main boundary in an Xlife FREE group is that “cross-talk”, giving advice or commenting on another member’s situation is prohibited. It is made clear from the beginning that God is the healer and we are not there to fix each other. The group leaders may ask questions to help a member complete a thought or develop a breakthrough but in the group setting there are no judgment calls or condemning statements made. Allowing an atmosphere of “I’m right and you are wrong” will stifle a group faster than anything else. There is also a strong emphasis placed on confidentiality. If the expectation of confidence between members is established from the beginning, an honest environment of healing can be enjoyed.

There will be times when issues arise that are beyond the scope and effectiveness of an Xlife FREE group. Referrals to licensed professionals and residential treatment centers should be a reasonable expectation. There is a great celebration when a member returns from intensive treatment and rejoins the group.

Core Scriptures on freedom in Christ to live the way you are created to live include:

“There is therefore now no condemnation for those who are in Christ Jesus.” (Romans 8:1 ESV)

“Whoever has the Son has life; whoever does not have the Son of God does not have life.”

(1 John 5:12 ESV)

“So Jesus said to the Jews who had believed in him, "If you abide in my word, you are truly my disciples, "and you will know the truth, and the truth will set you free." (John 8:31 ESV)

Freedom to live as God created you to live is the very basis for the radical healing necessary in recovery. Allowing the Holy Spirit to heal through the environment created in a CBGIT model is an effective way to deliver adolescents from the destructive behaviors of their flesh.



## Selected Bibliography

Ashford, William H. *Leading selected church members in developing a ministry-driven strategy for family members of chemically addicted persons in Capshaw Baptist Church of Harvest, Alabama*. PhD Thesis (microform), New Orleans Baptist Theological Seminary, New Orleans, LA: Ashford, William H., 2005.

Burns, Jim, and Mike DeVries. *Uncommon Youth Ministry: Your Onramp to Launching an Extraordinary Youth Ministry*. Ventura, CA: Regal from Gospel Light, 2001.

CRC Health Group. "Statistics on Adolescent Depression." *About Teen Depression*. <http://www.about-teen-depression.com/depression-statistics.html> (accessed March 9, 2009).

Family First Aid. "Teen Anger: Management and Prevention." *Family First Aid: Help for Troubled Teens*. <http://www.familyfirstaid.org/teen-anger.html> (accessed March 9, 2009).

Frances, Richard J., and Sheldon I. Miller, . *Clinical Textbook of Addictive Disorders*. New York, NY: The Guilford Press, 1998.

George, Bob. *Classic Christianity: Life's Too Short to Miss the Real Thing*. Eugene, OR: Harvest House Publishers, 1989.

Jenson, Jeffrey M., and Matthew O. Howard, . *Youth Violence: Current Research and Recent Practice Innovations*. Washington D.C.: National Association of Social Workers, 1999.

Lock, James, and Mary J. Sanders. *Treating Adolescents*. Edited by Hans Steiner. San Francisco, CA: Jossey-Bass, 1996.

NHSDA., SAMHSA 1999. "Trends in Starting Alcohol Use for the First Time." *Adolescent Substance Abuse Knowledge Base*. 1999. <http://www.adolescent-substance-abuse.com/trend4.html> (accessed March 9, 2009).

Rose, Sheldon D. *Group Therapy With Troubled Youth: A Cognitive-Behavioral Interactive Approach*. Thousand Oaks, CA: Sage Publications, Inc., 1998.

Sherouse, Deborah L. *Adolescent Drug and Alcohol Abuse Handbook*. Springfield, IL: Charles C. Thomas, 1985.