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# A M E S S

How NOT to make **A MESS** of Conversations with children and teens  
about Drugs, Alcohol, or Negative Behavior

**Don't call it:**

**Addiction-** Calling the kid's behavior addiction implies a physical or cognitive weakness that leads substances or engaging in self-destructive behavior. Addiction is also a highly stigmatizing label. Individuals often resist this label and effectively preclude any problem-solving or other change/growth process. It causes everyone to lose focus.

**Don't make it:**

**a Moral issue-** A lack of will power and/or a deficit in character as the cause for substance abuse or negative or self-destructive behavior. It's an automatic insult. Starting a conversation or a relationship by asserting that the other person is "bad" automatically damages interaction.

**Don't think it is just about:**

**Education-** This implies that if the individual is informed about the effects and consequences, he/she will logically refrain from use or behavior. This includes scare tactics based on dubious "facts" or outright lies (the "Reefer Madness" movies of the fifties would an example). Scare tactics often backfire when individuals discover that use does not automatically result in addiction, moral degradation, madness, and/or death. Knowledge does NOT in of itself change choices. Many users are MORE knowledgeable about their drug of choice than us! People use DESPITE more than adequate education and knowledge. An educational approach gives the implicit conclusion is that such individuals are STUPID! which is not an effective way to start a dialogue.

**Don't be distracted by:**

**Social influences-** This proposes that avoiding "bad" individuals and groups or choosing to socialize only with "good" individuals and groups leads to appropriate use or behavior, or abstinence. This theory also ignores that many individuals who exposed to the same influences do not give in to such use and behaviors. Actually, individuals with particular behaviors will normally gather and associate with like-minded and like-behaving individuals. Stoners will find other stoners... not seek out straight arrows to hang with!

**Recognize it as:**

**Self-Medication-** This makes sense. Use or Self-Destructive Behavior is often caused by profound needs to self-medicate for significant emotional and psychological (and sometimes physical) pain. Rather than pathologizing the individual with a severe label- as



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morally deficient, stupid or ignorant, or easily influenced by others, it focuses on the internal pain that otherwise may be missed- such as anxiety, depression, and loss. It de-pathologizes the use or behavior by recognizing it as an attempt to avoid feelings that would otherwise be overwhelming.

The individual may or may not be an addict. The issue becomes not about labeling use or behavior as problematic, abusive, or addictive, but of inner psychological turmoil. Morality is about survival in the face of overwhelming feelings. Education becomes about the process of self-medication for emotional pain. The peer group is exposed as group culture that supports self-medicating behavior. Once the connection to self-medication to avoid suffering is made, then the adult or therapist can help the individual explore deeper feelings, and subsequently explore alternative (more healthy and less destructive) ways to deal with these intense feelings.

### **Biography**

Ronald Mah, therapist and educator, combines concepts, principles, and philosophy with practical techniques and guidelines for effective and productive results. He uses humor and stories from his many experiences to illustrate important points in a stimulating and highly motivating and engaging style.

A Licensed Marriage & Family Therapist, his experiences include: Asian-American community mental health, Severely Emotionally Disturbed mental health & school partnership programs, vocational programs for at risk youth, welfare to work programs, clinical consulting & cross and multi-cultural training for Head Start, other early childhood education programs, social services organizations, & mental health agencies, supervising a high school mental health clinic, training and supervising therapists, private practice in Castro Valley, author of the Asian Pacific Islander Parent Education Support curriculum.

Professional Education experiences include: 16 years in ECE, including owning and running a child development center for 11 years, Kindergarten, elementary, & secondary teaching credentials and experience, ethnic studies curriculum writer, community college instructor, Masters of Psychology instructor, and former member Board of Directors of the California Kindergarten Association and of the California Association of Marriage & Family Therapists.