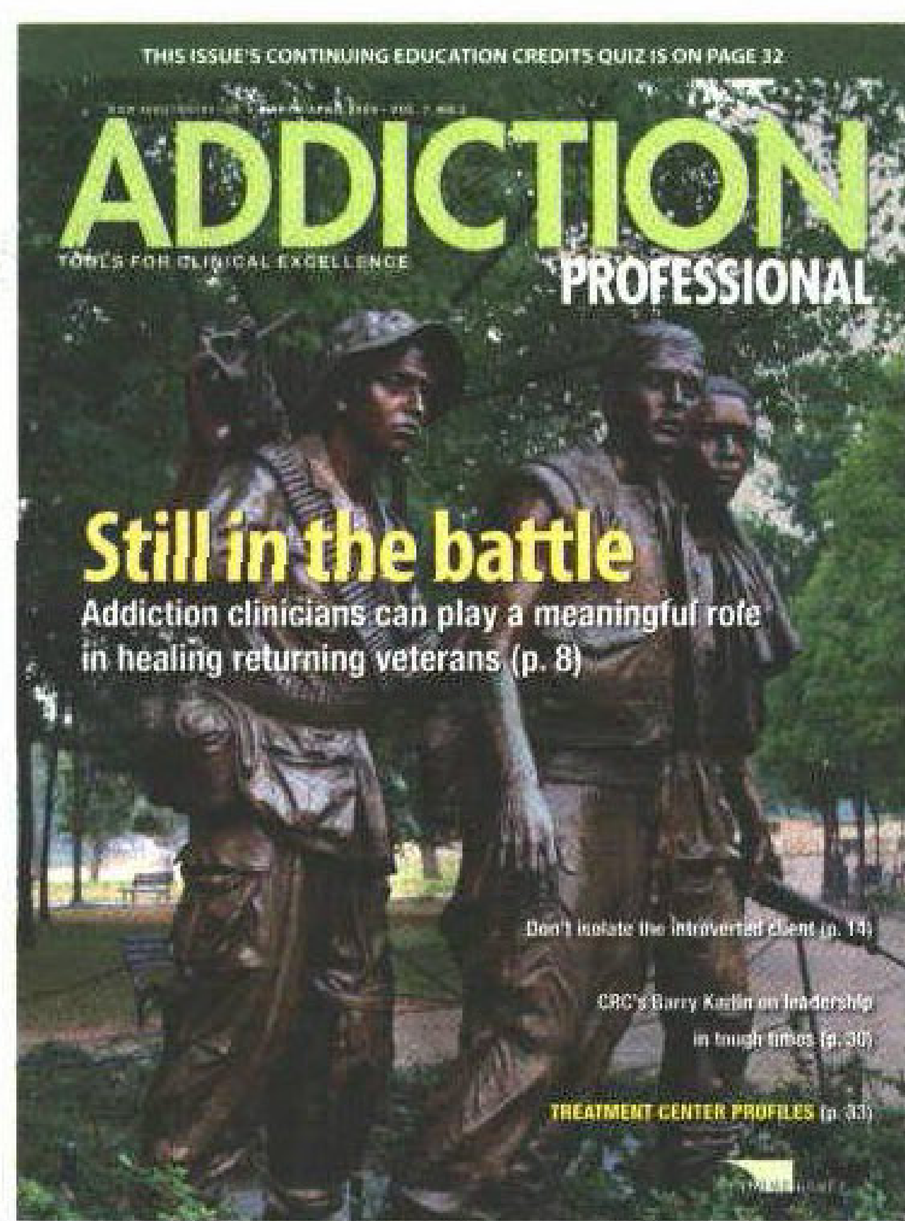
Introversion issue critical in working with adolescents



In her article in the March/April 2009 edition, Catherine Wulfensmith offered a nice roundup of the broad issues about introverted clients and how programs can help or hinder these people in treatment. Some thoughts came to mind as I read the article.

Certainly the flip side of these issues might be considered for extroverted clients. Working with adolescents for more than a decade, I often have brought the introversion/extroversion issue up in treatment groups. It is an important personality dimension when evaluating depression, for example, since the introverted client might respond with more solitude to deal with this, and it is highly important regarding how teens respond to their peer group.

Also, in explaining these natural in-directed/outgoing preferences, being intentional about educating clients and normalizing both preferences has helped clients toward deeper self-understanding, which they have appreciated. I have told clients in groups that introverts need extroverts to pull them out of their self-focus at times, and outgoing people need those who are inward in order to learn more about self-reflection.

Introverts can practice the extroversion they have, and vice versa—no one is solely one or the other. Then there is the "shy" vs. introverted question for adolescents. Also, clinicians can't be fooled by an introverted person's reply in group treatment, "I just don't have anything to say." Most inwardly focused teens and adults have a lot to say—they just say it to fewer people at a time. And they usually have some helpful input to the treatment group, when offered.

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Exploring the characteristics of high-functioning alcoholics

I truly appreciated the article entitled "Treating the High-Functioning Alcoholic" in the March/April 2009 issue. Sarah Allen Benton covered an important and helpful topic, particularly for those of us who work extensively with clients referred because of DUI arrests.

That being said, I was particularly struck by the author's assertion that high-functioning alcoholics (HFAs) "don't always fit DSM-IV-TR diagnostic criteria for alcohol dependence or abuse," followed by her suggestion that it "can be more effective to diagnose an HFA according to the symptoms described in the 'Big Book' of Alcoholics Anonymous." Not only do I believe that I have never encountered an HFA who did ***not*** meet criteria for either abuse or dependence, but it seems to me that many HFAs meet diagnostic criteria for substance dependence but do not meet the three criteria the author cited from the Big Book.

I have encountered many HFAs who have continued their patterns of alcohol consumption despite significant negative consequences but do not appear to frequently crave or obsess over alcohol. Nonetheless, they clearly meet diagnostic criteria for substance dependence.

For this reason, I referred some of my clients to Benton's helpful and insightful article but cautioned them that the mere fact that they don't identify with the three criteria cited from the Big Book does not mean that they cannot be alcoholics.

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Coming in the next issue

Perspectives on marijuana use, treatment, and public policy: What does the intensifying debate on decriminalization mean for the field?

Social networking sites reach the recovery community

Can a treatment center make productive use of volunteers?